

Tiny Turtles / Lil' Ducklings / Tadpoles / Busy Bees  
"Getting to Know You"

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Weekly Schedule: Monday	Time: _____	to _____
Tuesday	Time: _____	to _____
Wednesday	Time: _____	to _____
Thursday	Time: _____	to _____
Friday	Time: _____	to _____

Family History ; Marital Status - married divorced separated deceased single  
(circle one)

Other Children in the home: 1. \_\_\_\_\_ age: \_\_\_\_\_  
2. \_\_\_\_\_ age: \_\_\_\_\_  
3. \_\_\_\_\_ age: \_\_\_\_\_

**Physical Regime:**

Does your child have any unusual eating habits or allergies? Yes No

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is a usual bed time? \_\_\_\_\_ Wake Time? \_\_\_\_\_ Nap Time? \_\_\_\_\_

What is your child's attitude toward naps? \_\_\_\_\_

How does he/she state the need of:

Urination: \_\_\_\_\_ Bowel Movement: \_\_\_\_\_

**Play and Sociality:**

How does he/she get along with children? \_\_\_\_\_

Are his/her playmates: girls boys younger older other: \_\_\_\_\_

Is your child: talkative quiet shy

Previous Group Experience: In-home Childcare center Sunday School

**Personality and emotional Development:**

Do you regard your child as affectionate? Yes No

Does your child accept new people easily? Yes No

Is he/she usually happy? Yes No

Any nervous habits? Yes No Explain: \_\_\_\_\_

**General Information about your child:**

What are your child's favorite things to play with / what interest them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child's favorite food item? \_\_\_\_\_

Is there anything that helps your child when they are upset? \_\_\_\_\_

\_\_\_\_\_

Does your child have a favorite blanket/toy/pacifier they they need to have during nap time?

\_\_\_\_\_

Our regular naptime is from 11:30am - 1:30pm. Please avoid bringing your child in during this time as it may disturb others.

Are there any special health needs? \_\_\_\_\_

\_\_\_\_\_

Anything else you feel would help us get to know your child & help them adjust?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

