



Getting To Know Your Child

All the information provided on this form is requested so our staff can get to know your child and help the adjustment period go smoothly. All information on this form will be kept confidential.

Child's Name: _____ **Current Grade:** _____

Birth Date: _____ **Favorite Color:** _____

Your Child:

Please circle all the words that best describe your child: calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, destructive, gives in easily, temper tantrums, jealous, shares well, hyperactive, bright, slow learner, busy, contented, other: _____

How well does your child get along with other children?

Child's Favorite Games, Activities, Etc.:

What Makes Your Child Mad Or Upset?

What Do You Find Is The Best Way Of Controlling Your Child/Children?

Are there any "family" rules we should be aware of?

Any Special concerns or comments?

Eating Habits:

Favorite Foods:

Least Favorite Foods:

Day Care Experiences:

How many day care centers has your child been in?
