

**"Getting To Know You"  
Meeting Response**

Name of Child: \_\_\_\_\_  
Date of Enrollment: \_\_\_\_\_

\_\_\_\_\_ I'm providing this form but I am not interested in attending a meeting.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_ I'm providing this form and would be like to discuss it with my child's teacher.

*\*Please see your child's teacher to set up a meeting to discuss this form.*

Meeting Date: \_\_\_\_\_

Names of meeting Attendees: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return all the completed forms before or on child's start date.

Thank You,

Miss Kim  
(Paintertown)

Miss Amy  
(Blank Road)

# "Getting To Know You" Information Questionnaire

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

## Family Information

1. Tell me about your household. (neighborhood, who lives there. Names and relationships to child)?
2. Does your child have any parents that do not live in the home, and if so does your child visit this parent and are there any custody issues that we should discuss?
3. Does your child have any siblings (names and ages)?
4. Does your child respond to any nicknames?

## Child Information

1. Has your child been in an early learning program or child care before?
2. How does your child react to other children and adults?

"Getting To Know You" Information Questionnaire

3. Does your child have any separation anxiety, and if so how do you deal with this?
4. Are there any special problems or fears that we should know about?
5. Any special needs (medical, developmental, social, mental health) that requires any special care from our teachers?
6. Does your child have an IEP or an IFSP and if so, we would like a copy of the plan so we can provide the best possible learning experience for your child?
7. Does your child have any food, environmental or medicine allergies and if so, how are they treated?
8. Is your child potty trained?
9. Does your child have any of the following:  
Favorite Toy: \_\_\_\_\_  
Favorite Game: \_\_\_\_\_  
Favorite Food: \_\_\_\_\_
10. Is there any other information you would like to share with us?

## Questions for the Parents

1. What are your expectations of our program?
2. What times are best for us to reach you to come in for a parent conference?
3. Do you have any questions about the Parent Handbook?
4. Do you have any questions about the program, curriculum or facility?

Notes:

