



## GETTING TO KNOW YOU

Enrollment Date:

Date Form Completed:

### J.A.M. CHRISTIAN DAYCARE

Partnering with Parents to Develop the Whole Child

Child's Name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Tell me about your household (who lives there, siblings & their ages, pets, languages spoken in the house, custody orders, etc.)

Has your child been in an early learning or child care program before?  Yes  No

If yes, Where? \_\_\_\_\_

What type:  Family  Group  Center  Relative/Friend  Other \_\_\_\_\_

For how long? \_\_\_\_\_ Why are you making a change? \_\_\_\_\_

Do you have any concerns related to your child transitioning into this program?

What do you think will make your child's first few days easier? \_\_\_\_\_

Are there any special routines (ie. naptime) that we should be aware of? \_\_\_\_\_

Does your child have any fears we should be aware of? \_\_\_\_\_

Does your child have any of the following habits:  
 nail biting  thumb sucking  stuttering  other

Allergies: \_\_\_\_\_

What type of discipline do you use at home? \_\_\_\_\_

How does your child go to sleep? \_\_\_\_\_

Does he/she sleep at night?  Yes  No How does he/she sleep at night? \_\_\_\_\_

What is your child's usual time and length of naps each day? \_\_\_\_\_

Does your child eat unaided?      YES                      NO                      Does he/she enjoy eating?      YES                      NO

Please list some of your child's favorite activities:

How would you describe your child's temperament and personality?

What makes your child frustrated or upset?

Is your child toilet trained?      YES                      NO                      BEGINNING

Does he/she need reminders to go to the bathroom during the day?

YES                      NO

Does your child have an IEP (Individual Education Plan) or IFSP (Individualized Family Service Plan)?

YES, Individual Education Plan

YES, Individualized Family Service Plan

NO

If yes, please provide us with a copy so we can best support your child.

Would you like a "Getting to Know You" follow up meeting?      YES                      NO

Date:

Parent/Guardian Signature: