



# Getting to Know Your Child

(for 2 to 5 year-olds)

Please complete this form so that we may get to know your child better.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Nickname/What would you like us to call your child? \_\_\_\_\_

## Health

Any allergies? \_\_\_\_\_

Any medical conditions? \_\_\_\_\_

## History

Age began talking \_\_\_\_\_ Is your child right handed? \_\_\_\_\_ Left handed? \_\_\_\_\_

Any speech or hearing difficulties? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ when? \_\_\_\_\_

## Social Relationships

Previous group experience \_\_\_\_\_

Favorite toys and activities at home \_\_\_\_\_

Knows the following children in our school \_\_\_\_\_

Is your child generally friendly \_\_\_\_\_ shy \_\_\_\_\_ active \_\_\_\_\_ sensitive \_\_\_\_\_ other \_\_\_\_\_

How does he or she get along with siblings? \_\_\_\_\_

How does the child express feelings? \_\_\_\_\_

How do you discipline? \_\_\_\_\_

Has had experience with: Play-Doh \_\_\_\_\_ scissors \_\_\_\_\_ easel painting \_\_\_\_\_ climbers \_\_\_\_\_

finger painting \_\_\_\_\_ climbers \_\_\_\_\_ water play \_\_\_\_\_ tricycles \_\_\_\_\_

## Eating

Favorite foods \_\_\_\_\_

Food dislikes \_\_\_\_\_

Food allergies/restrictions \_\_\_\_\_

Is child hungry at meal times? \_\_\_\_\_ Between meals? \_\_\_\_\_

## Sleeping

Time child goes to bed at night \_\_\_\_\_ awakens \_\_\_\_\_

Does child need help going to sleep? Is there a special blanket or stuffed animal? \_\_\_\_\_

Mood when awakened \_\_\_\_\_

Does child nap at home? \_\_\_\_\_ When to when? \_\_\_\_\_

In what particular ways can we help your child this year? What do you hope your child will gain from this experience? Please add this and any additional comments or information on the back of this form.

Thank you!