



Today's Date \_\_\_\_\_

Enrollment Date \_\_\_\_\_

**General Information for Teachers**  
**"Getting to Know You" Toddler and Preschool**

The following are some questions that we would like you to answer so we can better serve you and your child. We also invite you to sign up for a "Getting to Know You" meeting with the teacher in your child's room.

Are you interested in a "Getting to Know You" Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

"Getting to Know You" meeting. Date \_\_\_\_\_ Time \_\_\_\_\_

Child's full name: \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_

List siblings' names and ages \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

Child's favorite activity: \_\_\_\_\_

Does your child have any playmates who attend the center? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

Has your child had previous day care or preschool experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was it positive? \_\_\_\_\_

Does your child play well alone? Yes \_\_\_\_\_ No \_\_\_\_\_ In groups? Yes \_\_\_\_\_ No \_\_\_\_\_

What would you like to see included in your child's Pre-school program? \_\_\_\_\_

Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any parents that do not live in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child visit this parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Is there a custody agreement?

Yes \_\_\_\_\_ No \_\_\_\_\_ \*\* If yes please provide a copy to the office. \*\*

Does your child have any imaginary friends? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any fears or special instructions that we should know about? \_\_\_\_\_

\_\_\_\_\_

Does your child do any of the following: Nail Biting? \_\_\_\_\_ Thumb sucking? \_\_\_\_\_  
Stuttering? \_\_\_\_\_ other (nervous habits) \_\_\_\_\_

Describe your child's schedule:

Normal bedtime \_\_\_\_\_ waking time \_\_\_\_\_ nap time \_\_\_\_\_

Meal times breakfast \_\_\_\_\_ lunch \_\_\_\_\_ dinner \_\_\_\_\_

Any special needs (medical, developmental, social, mental health or dietary)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)? Yes \_\_\_\_\_ No \_\_\_\_\_ \*\* If yes please provide a copy to the office. \*\*

Having a copy will help us provide the best possible learning experience for your child.

Which programs or individuals work with your children in regards to these special needs? \_\_\_\_\_

Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you give us permission to release information to them relating to your child's care in our center? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies? (Please list only true allergies.) \_\_\_\_\_

\_\_\_\_\_

\*\*If yes, please provide a copy of their treatment plan with the office\*\*

Does your child take any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\* If your child needs it while in our care, please provide us with the medication in the original container with Doctor instructions and a signed medication permission chart\*\*

\*\*Please see office staff for a treatment plan or medication chart\*\*

Is there any information that will help us make the first few days in our program easier for your child or any other information you would like to share with us?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_