



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

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

### General Information for Teachers

#### "Getting to Know You" School Age

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 friends who attend the center? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Does your child prefer to be alone or in groups? \_\_\_\_\_

Are they excited about participating the program? \_\_\_\_\_

What would you like to see included in your child's before/after school program? \_\_\_\_\_

\_\_\_\_\_

What would your child like to see included in the before/after school program? \_\_\_\_\_

\_\_\_\_\_

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. \*\*

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

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

Does your child have an IEP (Individualized Education 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?

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