

Getting to know your child....

Please answer the following questions so that we may get to know your child a little better and make them feel like they're right at home!

- 1) What is your child's name and, or nickname? _____
 - 2) When is your child's birthday? _____
 - 3) What is their favorite color? _____
 - 4) Does your child have a favorite food, or snack? _____
 - 5) While napping, does your child sleep with anything special? _____
 - 6) Does your child sleep with lights on or music? _____
 - 7) When your child is sad or distressed, what do you do in order to soothe them?

 - 8) Does your child have any pets at home? _____
 - 9) Does your child have any siblings at home? _____
 - 10) Does your child enjoy being outdoors? If so what is their favorite thing to play?

 - 11) Does your child normally nap? If so how long? _____
 - 12) Is there anything that we missed that you feel is important for us to know, or that you would like to add about your child? _____
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13)ALLERGIES? _____

Thank you so much for telling us more about your child so we can better serve your family's needs! If at any time you have anything to add to this please don't hesitate to contact us!

Meeting Date: _____

Parent Signature: _____