



Getting to Know your Child



The purpose of this questionnaire is for your child’s teacher to better know your child. We understand that you are the expert when it comes to your child and we value any and all information that you can provide us in making your child’s transition into our program as smooth as possible.

Family Name: _____ Mother: _____ Father: _____

Name of Child: _____ Nickname: _____ Age: _____ DOB: _____

- Siblings:
- 1. _____ Birthday: _____
 - 2. _____ Birthday: _____
 - 3. _____ Birthday: _____

Who will normally drop off your child? _____ Pick-up? _____

Has your child had previous preschool/daycare placement? _____ Where? _____

What is the primary language spoken in your home? _____ Secondary? _____

Does your family strictly adhere to any religious/cultural customs? _____

Please specify _____

HEALTH

Any physical disabilities? _____

Any known allergies: _____

Please list any other medical problems: _____

EATING

Any known food allergies? _____

What are his/her favorite foods? _____

TOILET HABITS

Does he/she need help fastening clothing? _____

Can your child be relied upon to indicate his/her bathroom wishes? _____

SOCIAL RELATIONSHIPS

Does your child verbalize his/her needs? _____

Does he/she have experiences playing with other children? _____

By nature is he/she friendly? _____ Shy? _____

Do you feel he/she will adjust easily to the preschool environment? _____

Does he/she know any other children in the preschool? _____

What makes him/her mad or upset? _____

How does he/she express those feelings? _____

What do you feel is the best way to handle his/her feelings? _____

Does he/she have any special fears? _____

Favorite activities at home? _____

Have you or your spouse been deployed or TDY for long periods of time? _____

How does your child react to the absence? _____

COMMENTS

Parent's Signature and Date _____

Administration

Assigned to classroom _____ Starting on _____