



### Getting to Know Your Child Questionnaire

Dear Parents/Guardians,

We look forward to developing a partnership with your family in our program. You provide us with a lot of important medical and contact information during enrollment. We'd like to ask you a few more questions that will allow us to get to know your child and you a little better. Our goal is to do the best job we can do, welcoming your family into our program and creating a comfortable environment for your child. Kindly take a few minutes to complete this questionnaire and return it to your child's teacher on the first day of school. Thank you!

Childs Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Does your child have a nickname you would prefer us to use? \_\_\_\_\_

Does your child have siblings and what are their names and ages?

\_\_\_\_\_

What are the parents'/guardians' occupations? \_\_\_\_\_

Do you have any pets at home? \_\_\_\_\_

In what language do you and your child communicate at home? \_\_\_\_\_

Is there any information about your family composition or household members that you would like to share? \_\_\_\_\_

\_\_\_\_\_

Are there cultural or religious holidays that your family observes that you would like to share with the program? \_\_\_\_\_

\_\_\_\_\_

What are your child's toileting and napping behaviors? \_\_\_\_\_

Does your child have any allergies or any other health issues or restrictions? \_\_\_\_\_

What are your child's interests? Favorite toys or activities? \_\_\_\_\_

What are your child's personality traits? Habits or Fears? \_\_\_\_\_

\_\_\_\_\_

Does your child have any previous preschool or group experiences? \_\_\_\_\_

Is there anything else you would like to share with us about your child or family? \_\_\_\_\_

\_\_\_\_\_