



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? _____
