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? Mom-_____Dad-_____

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 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? _____

_____