



Today's Date \_\_\_\_\_

Enrollment Date \_\_\_\_\_

### General Information for Teachers

#### "Getting to Know You" Toddler and Preschool

The following are some questions that we would like you to answer so we can better serve you and your child. We also invite you to sign up for a "Getting to Know You" meeting with the teacher in your child's room.

Are you interested in a "Getting to Know You" Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

"Getting to Know You" meeting. Date \_\_\_\_\_ Time \_\_\_\_\_

Child's full name: \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_

List siblings' names and ages \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

Child's favorite activity: \_\_\_\_\_

Does your child have any playmates who attend the center? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

Has your child had previous day care or preschool experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was it positive? \_\_\_\_\_

Does your child play well alone? Yes \_\_\_\_\_ No \_\_\_\_\_ In groups? Yes \_\_\_\_\_ No \_\_\_\_\_

What would you like to see included in your child's Pre-school program? \_\_\_\_\_

Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any parents that do not live in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child visit this parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Is there a custody agreement?

Yes \_\_\_\_\_ No \_\_\_\_\_ \*\* If yes please provide a copy to the office. \*\*

Does your child have any imaginary friends? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any fears or special instructions that we should know about? \_\_\_\_\_

Does your child do any of the following: Nail Biting? \_\_\_\_\_ Thumb sucking? \_\_\_\_\_  
Stuttering? \_\_\_\_\_ other (nervous habits) \_\_\_\_\_

Describe your child's schedule:

Normal bedtime \_\_\_\_\_ waking time \_\_\_\_\_ nap time \_\_\_\_\_

Meal times breakfast \_\_\_\_\_ lunch \_\_\_\_\_ dinner \_\_\_\_\_

Any special needs (medical, developmental, social, mental health or dietary)? \_\_\_\_\_

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Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)? Yes \_\_\_\_\_ No \_\_\_\_\_ \*\* If yes please provide a copy to the office. \*\*

Having a copy will help us provide the best possible learning experience for your child.

Which programs or individuals work with your children in regards to these special needs? \_\_\_\_\_

Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you give us permission to release information to them relating to your child's care in our center? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies? (Please list only true allergies.) \_\_\_\_\_

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**\*\*If yes, please provide a copy of their treatment plan with the office\*\***

Does your child take any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* If your child needs it while in our care, please provide us with the medication in the original container with Doctor instructions and a signed medication permission chart\*\***

**\*\*Please see office staff for a treatment plan or medication chart\*\***

Is there any information that will help us make the first few days in our program easier for your child or any other information you would like to share with us?

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