



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

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

**General Information for Teachers**  
**"Getting to Know You" School Age**

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 friends who attend the center? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Does your child prefer to be alone or in groups? \_\_\_\_\_

Are they excited about participating the program? \_\_\_\_\_

What would you like to see included in your child's before/after school program? \_\_\_\_\_

\_\_\_\_\_

What would your child like to see included in the before/after school program? \_\_\_\_\_

\_\_\_\_\_

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. \*\*

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

---

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

---

Does your child have an IEP (Individualized Education 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.) \_\_\_\_\_

---

\*\*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?

---

---

---