



Today's Date _____
Enrollment Date _____

General Information for Teachers
"Getting to Know You" Infants

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 _____

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

If yes, who? _____

Has your child had previous day care experience? If yes, was it positive? _____

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. **

Describe your child's sleeping schedule (normal bedtime, waking time, nap times) _____

Any special needs (medical, developmental, or dietary)? _____

Does your child have an 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.) _____

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?
