

Getting Acquainted Record

My name is _____

I have ___ brothers & ___ sisters their names and ages are: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite thing to do is: _____

I am afraid of: _____

My favorite color is: _____

Why are you looking for a new childcare arrangement?

Has your child had previous childcare experience?

Please list prior caregivers and / or childcare centers?

Describe this experience: _____

What type of discipline is used at home? _____

Does your child eat unaided? _____

Does he/she enjoy eating? _____

Does your child have a special diet? _____

Is your child potty trained? _____

Due to your child's allergies and / or religious beliefs are there any foods which should not be served to you child?

How does your child go to sleep? _____

What is usual time and length of naps take each day? _____

How long does he / she usually sleep at night? _____

Please list any personal habits, thumb sucking, and nail biting, etc. _____

What are your main expectations of this program? _____