

“Getting to Know You” Notes

(To be completed by the child’s Parent/Guardian prior to enrollment)

Parents: Please complete this form to allow us to get to know a little more about your child so that we can best be prepared to help them transition into their new classroom!

Childs’ Name: _____ Date of Birth: ___/___/___ Anticipated Start Date: ___/___/___

Any Nicknames: _____ *Parent Email: _____

Does your child have any pets? _____ Siblings Names and Ages: _____

Other important family members living at home? Examples: Parents, Step Parents, Grandparents, Aunts, Uncles

Does your child have any fears? Examples: the dark, water, spiders, loud noises, heights

Please list some of your child’s likes and dislikes:

Likes: examples: legos, playground, dinosaurs, books, water play, painting, play-doh,

Dislikes: examples: sensory materials, dirty hands, water, foods/beverages

Previous child care experience? Where and How long? _____

Is your child able to use the bathroom and change their clothes with minimal assistance? ___yes ___no

Please explain: _____

Helpful hints/special information about your child including allergies/diet restrictions:

_____(initial here) I am aware that in addition to completing this form, a “Getting to Know You” Meeting is available for me and my child with management as well as the classroom teachers at my request within 60 days of enrollment or at anytime thereafter at parent request.

*Parent Signature: _____ *Date: _____

(bottom portion to be completed by school staff)

Teacher Initials: _____

Classroom Assigned: _____ PreK Counts? ___yes ___no Wrap around care? ___yes ___no

(This form is to be reviewed by all classroom teachers and kept in the child’s classroom file)