

Getting to Know You

We would like you to help us get to know your child. He/she is very important to us and the following information will help us to provide the best possible care for your child. This form is a required portion of your child's file.

Child's Name	Birthdate	Address	Home Phone

Put an x by each personality trait that is applicable to your child

Friendly	Happy	Aggressive	Shy	Energetic	Quiet	Social	Passive
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List previous group experience _____

My child knows the following children at Peter Pan /Little Shepherd _____

Does child show a hand preference? If so, please indicate ___ Right ___ Left

Does your child have siblings? If so, how do they get along? _____

How much attention does your child demand? ___ Very Little ___ Average ___ More Than Average

How does child express his/her feelings _____

How do you discipline _____

Health

Any Allergies	Frequent Colds?	Frequent Stomach Aches	Health Concerns	Special Instructions if Child is Sick

Child's primary language _____ Child speaks the following languages _____

Age Child Began Talking	Speaking in Words	Speaking in Sentences	Any Speech Difficulty

Eating Habits

Is Child Hungry at Mealtime?	Favorite Foods	Food Dislikes	Special Dietary Requirements

Toilet Habits

Is Child Potty Trained?	Word Used for Urination	Word Used for Bowel Movement	Does Child Have Frequent Accidents	Child's Reaction to Potty Accidents

Sleeping Habits

Time Child Goes to Bed	Time Child Awakens	Mood When Waking	Does Child Have Own Room	What Child Sleeps With	Child's Current Nap Time

Please list your primary goals for your child's preschool experiences _____

Please indicate any particular requests for how we can best help your child _____

Please use the back of this form for any additional information that will help us get to know your child.