

### Getting to Know You

My nickname 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 person is: \_\_\_\_\_

My favorite toy is: \_\_\_\_\_

I am afraid of: \_\_\_\_\_

I can do all these things by myself: \_\_\_\_\_

Why are you looking for a new childcare arrangement? \_\_\_\_\_

Has your child had previous day care experience? \_\_\_\_\_

Please list prior caregivers and/or day care centers: \_\_\_\_\_

Describe these experiences: \_\_\_\_\_

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? \_\_\_\_\_

Due to your child's tastes, allergies, reactions, and/or religious beliefs,  
are there any foods, which should not be served to your child? \_\_\_\_\_

Please list these foods: \_\_\_\_\_

How does your child go to sleep? \_\_\_\_\_

Are there any special dolls or toys he/she needs in order to go to sleep? \_\_\_\_\_

What is the usual time and length of naps taken each day? \_\_\_\_\_

How long does he/she usually sleep at night? \_\_\_\_\_

Please list any personal habits, thumb sucking, nail biting, etc. \_\_\_\_\_

and/or specific words used to describe bodily functions or objects: \_\_\_\_\_

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