



Treasure House Child Development Center
Preschool/Pre-K Family
Getting To Know You Information Form

Child's Name _____ Date of Birth _____

Arrival

What time will you usually arrive at the center? _____

What will help you and your child say good-bye to each other in the morning? _____

Family Information

Does your child have any siblings (names and ages)? _____

Are there any custody issues that we should discuss? _____

Does your family have any pets? Yes No Please describe _____

Does your child respond to any nicknames? Yes No Please describe _____

Does your child have any nicknames for family members? Yes No Please describe _____

Is there any other information about your family's composition that you would like to share? Yes No

Child Information

Has your child been in an early learning program or child care before? Yes No _____

If yes, would you share some information with us? (Where? When? For How Long?, Etc.) _____

How did your child react to other children and adults? NA _____

Are there any special problems or fears that we should know about? Yes No _____

Diapering and Toileting

Is your child toilet trained or in the process of potty training? Yes No _____

Does your child use a pull-up? Yes No _____

Does your child need to be reminded to go to the toilet during waking hours? Yes No _____

Is there any other information you would like to share? Yes No _____

Sleeping (Please Note: There is no nap time in the Pre-K Counts Programs)

What is normal bedtime, waking time, nap time and duration? _____



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What helps your child to fall asleep? (Music Playing, Back Rubbed, Rocked, Quiet, No Noise, Etc.) _____

Meal Habits

What are some of your child's favorite foods? _____

What foods does your child dislike? _____

Are there any foods that you don't want your child to eat? _____

Meal times at home _____

General Health Questions

Any special needs (medical, developmental, social)? _____ Yes _____ No _____

Do any of these special needs require special care by our Teaching Staff? _____ Yes _____ No _____

Does your child have any allergies? _____ Yes _____ No _____

Food Allergies _____ Yes _____ No _____

Environmental Allergies _____ Yes _____ No _____

Allergies to Medication _____ Yes _____ No _____

How are your child's allergies treated? _____

Is your child prone to getting easily sick? _____ Yes _____ No _____

Is there any other information about your child's health that you would like to share? _____ Yes _____ No _____

Other Habits

What are your child's favorite toys to play with at home? _____

If your child is upset at home or having a tantrum, what do you do to calm him/her down or solve the tantrum? _____



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Departure

What time will you usually come to pick up your child? _____

What will help you and your child say "hello" to each other at the end of the day? _____

Is there any information that will help us make the first few days in our program easier for you and your child? _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE

Program/Classroom _____

Enrollment/Start Date _____