

Get Acquainted Record

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: _____

Has your child had previous day care experience? _____

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: _____

What are your main expectations of this program: _____
