

GETTING TO KNOW YOU MEETING

Child's Name (s): _____

Names of Meeting Attendees: _____

Enrollment: _____

Meeting Date: _____

Attached list of information shared in written form.

FAMILY INFORMATION

Tell me about the people in your household? _____

Does your child have any parents that do not live in the home? _____

If yes, does your child visit this parent? _____

Are there any custody issues that we should know? _____

Does your child have any siblings? _____

CHILD INFORMATION

What type of pregnancy did you experience? Full-Term _____ Premature _____

If premature, how many weeks? _____

Were developmental milestones met? _____ If yes, are you receiving any early intervention services, such as PT or OT? _____

If no, would you be interested in receiving information if services are needed? _____

Has your child been in child care before? _____ If yes, would you share information with us? (Where? When? For how long?) _____

What kind of care (family day care home, relative/neighbor care, group, center)? _____

Is there a reason for leaving that program? _____

Are there any special problems or fears that we should know about? _____

CHILD INFORMATION (CON'T)

Does your child have any imaginary friends? _____

Any special needs (medical, developmental, social, mental health)? _____

Does your child have an IEP (Individual Service Plan) or IFSP (Individual Family Service Plan)?

If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.

What program or individuals work with your children in regards to these special needs? _____

Would you sign a release of information with them so they can speak with us about how to provide support to your child? _____

Does your child have any allergies? _____

• Food Allergies (doctor's documentation should be provided by parent) _____

• Environmental Allergies _____

• Allergies to medicine _____

How are your child's allergies treated? _____

Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)? _____

Any other medical or special needs? _____

Describe your child's schedule:

• Normal bedtime, waking time, nap time and duration _____

• Does your child have a different schedule at any other child care setting (babysitter, relative/ Neighbor care, school)? _____

Is your child toilet trained? _____

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

Is there any other information you would like to share that was not addressed? _____

PARENT INFORMATION

What are your expectations of our program?(explain structural play) _____

Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? Would you and /or your family like to be a resource for any cultural awareness activities? _____

Are you willing to be a volunteer in our classroom? _____

Are there any other ways you would like to be involved? _____

What times are best for us to reach you and for you to come in for parent conferences? _____

Tell me about your child's:

- Favorite Toys _____
- Other _____

Has your child talked to you about his or her experiences in our program so far? _____

Is he/she positive about the program, other children, and the teaching staff? _____

Signature of Parent Date

Signature of Director Date