



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:

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:

What are your main expectations of this program: _____