**Getting to Know You**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE PRINT

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M \_\_\_\_\_\_\_ F \_\_\_\_\_\_

First Middle Last

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone including area code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency phone including area code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the name and birth date of all children in your family:

Name Birthdate Name Birthdate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, do we have your permission to send your child to North Hills Passavant Hospital for treatment?

\_\_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_\_no

In what school district are you located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFORMATION

1. Has your child had any previous child care experience? If yes, where and when?
2. Are there any special needs (medical, developmental, social, mental health) we should know about?
   1. Do any of these special needs require special care from our staff?
   2. Does your child have an IEP (Individual Education Plan) or an IFSP (Individualized Family Service Plan)?

* If so, we would like a copy of the plan so we can provide the best care for your child.
* What program or individuals work with your child/children in regard to these special needs? Would you sign a release of information with them so they can speak with us about how to care and support your child?

1. Does your child have any recognizable birthmarks or skin conditions that we should be aware of?
2. Does your child have any allergies?
   1. Food Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Environmental Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Allergies to Medicines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How are your child’s allergies treated?
4. Does your child use a pacifier?
5. How do you put your child to sleep (rocking, in a crib with/without a bottle, etc.)?
6. Describe your child’s schedule:
   1. Normal bedtime, waking time, nap time and duration
   2. Meal times
   3. Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, school)?
7. Regarding toilet habits, what words does your family use for bowel movements and urination?
   1. Any special terminology for private parts?
   2. Is your child toilet trained?
   3. Does your child need reminded to go to the toilet during waking hours?
8. Has he/she had any recent hospital experience?
9. Does he/she have any special fears?
10. Do you anticipate any adjustment problems in the first week of child care?
11. During the first week of child care, children often experience a feeling of strangeness in a new environment. Is there some special thing from home that we could talk about (i.e. pets, favorite toy, a new skill)?
12. Is your child accustomed to sharing things with others?
13. Can you think of any activity that your child would not like to participate in?
14. Does your child mind getting dirty?
15. Name three (3) types of toys he/she would like to play with:
16. What favorite games does your child like to play?
17. Has your child had playmates of his/her own age?
18. Would your child rather play by himself or with others?
19. What kind of quiet activities does your child enjoy? What kind of noisy ones?
20. Does your child watch much television (approx. number of hours)? What are his/her favorite programs?
21. Is your child able to entertain himself/herself?
22. Does your child have any imaginary friends?
23. Every child is unique and special- some have a good sense of humor, others are very kind. What is special about your child?
24. Do you have any other children attending Solid Foundations Academy? (Please list names)
25. What is the primary language spoken in the home?
26. If other than English, what language of communication would you prefer?
27. What holidays do you celebrate?
28. Are there any holidays you do not wish your child to participate in?
29. Please list any other information you feel will be helpful to care for your child?

**PLEASE BE ADVISED THAT THIS INFORMATION WILL BE CONFIDENTIAL AND ONLY USED**

**WITHIN THE CHILD CARE.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_