

## Getting to Know You

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent's Names \_\_\_\_\_

Siblings & Ages \_\_\_\_\_

\_\_\_\_\_

Any pets in the home? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Any health issues we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

How does your child like to be comforted? \_\_\_\_\_

Will your child bring any security items to class? \_\_\_\_\_

How does your child indicate they need to be taken to the restroom? \_\_\_\_\_

\_\_\_\_\_

Has your child attended any other programs? \_\_\_\_\_

Is there any other information you would like to share with your child's teacher to help him/her have a successful year at CDO? \_\_\_\_\_

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