



# Elco Child Care Center

## *“Getting to know you”*

### **Family Composition:**

Can you explain your family dynamics (who lives in your home)?

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Does your child have parents who do not live at home?

Siblings? \_\_\_\_\_

Pets? \_\_\_\_\_

Child's nickname? \_\_\_\_\_

Family member nicknames including Grandparents? \_\_\_\_\_

Information about your family you would like to share? \_\_\_\_\_

\_\_\_\_\_

### **Child Information:**

Has your child been in an early learning center before? \_\_\_\_\_

Would you like to share where and when? \_\_\_\_\_

\_\_\_\_\_

If not a learning center would you like to share type of care your child did receive? \_\_\_\_\_

\_\_\_\_\_

Was there any reasons for leaving your child's last caregiver/program?

\_\_\_\_\_

\_\_\_\_\_

How does your child react to other children and adults?

\_\_\_\_\_

\_\_\_\_\_

**First day:**

How do you think your child will react on the first day?

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

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

Does your child have any special needs? \_\_\_\_\_

If yes, are they (medical, developmental, social, mental health)? \_\_\_\_\_

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Would you like to share a special needs action plan? \_\_\_\_\_

Does your child have a IEP? \_\_\_\_\_

Do you want to share your child's IEP? \_\_\_\_\_

If yes can you please enclose a copy so we can provide the best learning experience for your child? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child require pull ups/diaper at naptime? \_\_\_\_\_

Does your child have any problems sleeping? \_\_\_\_\_

Does your child sleep with something special? \_\_\_\_\_

**Any additional information you would like to share about your child?**

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