

## GETTING TO KNOW YOU!!! New Enrollment or 45 day Meeting

Child's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Start Date or new class date: \_\_\_\_\_

Which days of the week is your child here? M T W R F

Drop-off time: \_\_\_\_\_ Pick-Up Time: \_\_\_\_\_

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

What are your child's eating habits? \_\_\_\_\_

What foods do they like? \_\_\_\_\_

What food do they dislike? \_\_\_\_\_

Has your child been in childcare before? \_\_\_\_\_

How do you feel your child's behavior is during the day? \_\_\_\_\_

\_\_\_\_\_

How do you feel your child interacts with other children? \_\_\_\_\_

\_\_\_\_\_

What calms your child when he/she is upset? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child's progress learning letters, numbers, colors, and shapes? \_\_\_\_\_

\_\_\_\_\_

What point is your child at with potty training? \_\_\_\_\_

\_\_\_\_\_

Who lives with your child? \_\_\_\_\_

Does anyone else play a large role in your child's life? (ex: grandpa will pick-up every Friday.)

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

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