Sunny Center

Getting To Know Your Child Form

We would like to get to know your child a little better. It makes our day and your child's day run a lot smoother. It helps us to know what to expect and be prepared.

Child's Name (First Parent Name(s) Home Phone#			Birthdate	>
Has your child been If yes, what type of center? Was your child happ How long was your What did you like be	in preschool, experience da by there? child there?	, daycare, or a conycare, preschool	ol or a	
What did you like le	ast about you	ır previous dayc	are?	
Family: Does your child hav	e any siblings	s? He/she has	Brothers and	Sisters.
Is she/he the younge	st, middle or	oldest child?		
Is there any helpful	information t	hat you would l	ike to share about	your child's family situation?
Meal Time: Is your child a picky	eater? Yes	No		
What are some of yo	our child's fav	vorite foods?		
Which foods does yo	our child stro	ngly dislike?		
Nap Time: Are we going to hav	e a hard time	getting your ch	ild down for a na _l	o? Yes No
Do you have any ide child?	eas or a certai	n routine to mal	ke nap time a mor	e enjoyable time for your
Play daily routines				
How would you des	cribe your ch	ild's personality	on a normal basi	s?
Нарру	Moody	Quiet	Chatty	Testing

What are your child's strengths? Is there something he/she helps out with at home? What does he/she do best?

What are your child's favorite toys or interests or what does he/she like to do in their free time?

Does your child have any challenges or special needs or concerns we should be aware of?

Does your child have any attachments to items or how does he/she handle separation?

Is your child afraid of certain things?

Does your child make friends easily or struggle with friendships?

Is there anything else you would like to add?

Medication:

Does your child take any kind of medication on a regular basis? Yes No

If so why?

There may be a required medication release form to be filled out and further information needed.