

CHILDSPACE TOO DAY CARE CENTER
GETTING TO KNOW YOU

Today's Date: _____

Child's Name: _____ Nickname: _____

What is the primary language spoken in the home? _____

Is another language spoken in home? _____ If yes, what is it? _____

List the names and relationships of people who live in your household:

Who are the special friends and people in your child's life? _____

What does your child call you? _____ Does your child have
nicknames for other members of his/her family or friends? _____

Do you have pets? _____ If yes what are their names? _____

Describe your present child care arrangements: _____

How does your child communicate? (Sentences, words, finger pointing, babbling) _____

What toys, games, and activities does your child enjoy? _____

How does your child handle saying goodbye and being separated from you? _____

Describe any situations in which your child is fearful or anxious: _____

Are there any religious or cultural circumstances that we should know about in order to better understand and meet your child's needs? _____

Describe how you provide comfort to your child. Does your child have a special stuffed animal, blanket, or song that s/he used for comfort? _____

Describe how you show affection to your child: _____

Describe how you teach discipline at home: _____

DAILY ROUTINES

Does your child take a bottle? _____ If yes, when? _____

What time does your child eat lunch? _____

Is your child allergic to any foods or food products? _____

What time does your child go to bed? _____

Does your child nap? _____ If yes, when and for how long? _____

How does your child indicate that s/he is tired? _____

How does your child indicate that s/he is unwell? _____

Describe any special medical conditions or problems of which you are aware(including allergies and asthma) _____

Does your child use the toilet independently? _____ Approximately how many times does your child use the bathroom during the day? _____

How many times do you change your child's diaper during the day? _____

Describe your diaper changing routine or procedure: _____

Use this space to tell us what you know about your child that will help us make his/her transition to Childspace Too easier. _____

