

Please Fill Out This Form



Day Care Get To Know Your Child Worksheet

Getting To Know Your Child

Help me learn all I need to know to help your child have an enjoyable and successful experience.



| Your child's name: | |
|---|--------------------------|
| What does your child prefer to be called:_ | |
| My child's favorite things: | |
| Favorite color: | |
| My child is good at: | |
| My Child likes to: (check all that apply) | |
| Listen to stories | Draw and color |
| Play alone | Play with other children |
| Play outside | Play games |
| Learn new things | Play make-believe |
| My child doesn't like to: | |
| I would like you to know this about my chil | d: |
| My child favorite foods: | |

| Has your child attended day care in the past: Yes No If yes, what center or home did they attend and how was their experience? | |
|---|--|
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| | |
| | |
| There are children in our home. Their ages and names are: | |
| | |
| Do you have any pets in your home? If so, what type of pets do you have? | |
| What are your hopes for your child during his/her day care years? | |
| | |
| | |
| | |
| | |
| Parent's Name and birthday:(So we may treat you on your special day!!!) | |

Thank you for introducing me to your child. With your help, I know this is going to be a wonderful experience! **Miss Kelly:**)