

**IPFW Child Care Center
Getting To Know Your Child**

Child's Name _____ Nickname _____

Birth date _____ Age _____ Phone _____

Home Address _____ City and Zip _____

If school-age, name of school _____ Grade _____

Siblings:	Name	Age	Name	Age
	_____	_____	_____	_____
	_____	_____	_____	_____

- 1.) Does your child have any allergies or medical conditions that would be relevant to providing care for you child?
If so, please list.

- 2.) Please describe your child's personality.

- 3.) Has your child ever attended a child care center before? Yes or No

- 4.) What are your child's favorite toys, stories, or activities?

- 5.) Is your child currently getting any special services such as speech therapy, occupational therapy or counseling for any issues of which we need to be aware?

- 6.) Does your child have any special personal needs? Help with toileting, etc.?

- 7.) Does your child have any specific fears about things s/he may encounter here? How is s/he calmed?

- 8.) What is your child's first language? (Circle one)
English Other If Other Please Specify _____

- 9.) If your child's first language is not English, please write a few words in his/her home language.
Hello _____ More _____ Potty or Toilet _____

- 10.) Does your child use special words to refer to things like blanket, juice, family members, etc?

- 10.) What words do you use to encourage him/her to do something s/he doesn't want to do?

Please use the back of this form for any other information pertinent to your child's care.

