



Getting To Know You

Please complete the following information so we can learn more about your family and child's needs in the Gan Shalom Community.

Child's First and Last Name _____ Nickname: _____

Parent #1 Name & Preferred Phone Number: _____

Parent #2 Name & Preferred Phone Number: _____

Siblings - Name & Ages: _____

Your Child at Home

1. Is there anyone else living in your home with you? Their relationship to/with your child:

2. Other significant people in your child's life that he/she talks about:

3. Do you have any pets? Names & type of animal:

4. Does your child nap regularly? About what time and for how long?

5. Does your child have a favorite toy, animal, blanket, etc? Does this object have a special name?

6. Does your child have a favorite food?

7. What are your child's favorite activities?

8. Does your child have a favorite book? TV character? Movie character? DVD? TV show?

9. Does your child have any strong fears? How does your child behave when he/she is fearful?

10. Has there been a major change in your family recently? (birth/adoption of a family member; death of a family member; move to a new home; new baby-sitter; sibling starting school; new job; illness; hospitalization; etc.)

11. Are you expecting a baby? If yes, when? Does your child know? How has he/she reacted to the news?

12. What is the primary language spoken at home? Are there other languages spoken at home?

Your Child at School

13. Describe your child's behavior in group settings with children their own age- do they play independently, or join group activities?

14. Describe your child's language development- How do they communicate their needs and feelings with peers and at home with family members?

15. In what settings has your child engaged with other peers (circle all that apply)?

*In a classroom *Grown up and me activities * At family events?

Describe how your child interacts with adults and children in these situations-does your child stay close to their caregiver? Need additional directions? Get overwhelmed?

16. Has your child participated in other programs in the past? Was separation an aspect of the program? _____

17. Are there foods your child strongly dislikes that we might serve?

18. Are there any medical or physical limitations that may affect your child's ability to participate in the range of school activities?

19. Is your child able to use the toilet? _____ (This is NOT a requirement to participate in the program.) What words does your child use when he/she needs the bathroom?

20. Is your child comfortable drinking from a cup?

21. If there are additional things that you feel we should know about your child, please use the space below. We look forward to welcoming your child into Gan Shalom this year!

Signed: _____ Date: _____