

**KIM & RON'S
EARLY LEARNING
CHILD CARE**
820 BROADWAY AVENUE/
527 RIDGE AVENUE EXT.
MCKEES ROCKS, PA 15136
412-458-3993
412-331-7557

"GETTING TO KNOW YOU"

Child's Name: _____

FAMILY INFORMATION:

- Tell me about your household. (Who lives there, names and relationship to child, neighborhood)?
- Does your child have any parents that do not live in the home?
 - Does your child visit this parent?
 - Are there any custody issues that we should discuss?
- Does your child have any sibling (names & ages)?
- Does your family have any pets?
- Does your child respond to any nicknames? Does your child have any nicknames for family members?
- Is there any other information about your family's composition that you would like to share?

CHILD INFORMATION:

- Has your child been in an early learning program or child care before?
 - If yes, would you share some information with us? (Where? When? For how long?)
 - What kind of care (family day care home, relative/neighbor care, group, center)?
 - Is there a reason for leaving that program that you would like to share with me?
 - Do you have any of your child's records from that program?
 - How did your child react to other children and adults?
- What do you think will happen the first day you leave your child with us?
- Does your child have any imaginary friends?
- Are there any special problems or fears that we should know about?
- Does your child do any of the following?
 - Nail biting?
 - Thumb sucking?
 - Stuttering?
- Any special needs (medical, developmental, social, mental health)?
 - Do any of these special needs require special care by our teachers?
 - Does your child have an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)?
 - ↳ If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.
 - ↳ What program or individuals work with your children in regards to these special needs? Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child?
- Does your child have any allergies?
 - Food Allergies?

- Environmental Allergies?
- Allergies to medicine?
- How are your child's allergies treated?
- Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc)?
- Any other medical or special needs?
- Describe your child's schedule:
 - Normal bedtime, waking time, nap time and duration?
 - Meal times?
 - Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, school)?
- Regarding toilet habits, what words does your family use for bowel movements and urination?
 - Any special terminology for private parts?
 - Is your child toilet trained?
 - Does our child need to be reminded to go to the toilet during waking hours?
- Other required DPW (or other agency) required forms and signatures will be used in conjunction with some of these questions.
- Is there information that will help us make the first few days in our program easier for your child?
- Is there other information you would like to share?

Names of Meeting Attendees: _____

Meeting Dates:

Enrollment: _____

Getting to Know You: _____

If "Getting to Know You" meeting was refused:

1. Date of refusal by parent: _____
2. Attach a list of the information that you shared in written form.