

## Getting to Know Your Child

Your child's name: \_\_\_\_\_

What does your child prefer to be called? \_\_\_\_\_

Your child's favorite books, songs, color, toys, or activities are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

At home we listen to \_\_\_\_\_ types of music

There are \_\_\_\_\_ people in our home. Their names are: \_\_\_\_\_

\_\_\_\_\_

What would you like us to know about your family (i.e. culture, language, activities your family enjoys doing together)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What does your daily family routine look like? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please turn over to complete other side

*My child is good at:* \_\_\_\_\_

*My child likes to: (check all that apply)*

*Listen to stories*  *Draw and color*  *Play outside*  *Play make believe*

*Play with other children*  *Play games inside*  *Go to a friend's house*

*When upset my child is comforted by:* \_\_\_\_\_

*My child learns best by:* \_\_\_\_\_

*Has your child attended preschool or childcare before?*      *Yes*      *No*

*If so, what type of care/program?* \_\_\_\_\_

*Does your child have any fears?*    *Yes*    *No*    *If so, please elaborate:* \_\_\_\_\_

*What are your hopes for your child at Pilgrim Children's Center?* \_\_\_\_\_