



BRIGHT BEGINNINGS

CHILD CARE CENTER

Get Acquainted Record

Child's Name _____ Date _____

My nickname is _____ My age is _____

I have _____ brothers and _____ sisters, their names and ages are _____

My favorite activity is _____

My favorite toy is _____ My favorite person is _____

My favorite food is _____ My least favorite food is _____

I am afraid of _____

I can do all of these things by myself _____

Why are you looking for a new childcare arrangement? _____

Has your child had previous day care experience? _____

Please list prior caregivers and/or day care centers _____

Describe these experiences _____

What type of discipline is used at home? _____

Does your child eat unaided? **m** Yes **m** No Does your child enjoy eating? **m** Yes **m** No

Does your child have a special diet? **m** Yes **m** No (if yes please explain) _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods which should not be served to your

m Yes **m** No (if yes please list these foods) _____

How does your child go to sleep? _____

Are there any special items that your child needs in order to go to sleep? _____

What is the usual time and length of nap(s) takes each day? _____

How long does your child usually sleep at night? _____

Please list any personal habits that your child has _____

Please list any specific words used to describe bodily functions or objects _____

What are you main expectations of this program? _____