



## Getting to Know Your Child Introduction form

Child's Full Name: \_\_\_\_\_

Nick-Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Class: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Does your child have any allergies that you are aware of? \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

(Doctor's note and medical emergency plan, must be provided.)

Your child's needs:

Does your child nap? \_\_\_\_\_

What is your child's nap schedule?

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How long do they usually nap for? \_\_\_\_\_

When your child is upset, what comforts them?

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How do you handle challenging behaviors?

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Are there any special needs your child may have?

How can we assist in providing a positive learning and nurturing classroom experience?

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Do you have a Family Service Plan or Individual Education Plan we can assist with?

May we have a copy for our records?

What are your child's interests

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What are your expectations of our program and/or teachers?

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Other comments:

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Thank you,

CTK ELC Teachers