

# Getting to Know You

Dear Parent,

Please help me help your child through orientation by completing this form.

Child's Name \_\_\_\_\_

Please list your child's favorite...

Breakfast food \_\_\_\_\_

Lunch food \_\_\_\_\_

Snack food \_\_\_\_\_

Song \_\_\_\_\_

Book(s) \_\_\_\_\_

Video(s) \_\_\_\_\_

Toy or stuffed animal \_\_\_\_\_

Cartoon character \_\_\_\_\_

Game \_\_\_\_\_

Inside Activity \_\_\_\_\_

Outside Activity \_\_\_\_\_

If my child has trouble falling asleep I usually: \_\_\_\_\_

My child is afraid of: \_\_\_\_\_

Other people who have regular contact and are involved in my child's care (grandparents, step parents, siblings, friends etc.)...

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Is there anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other)...

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

