



Giggle and Grow  
Childcare & Preschool

# Getting to Know You!

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Nickname \_\_\_\_\_

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters. Their names and ages are

\_\_\_\_\_.

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been in child care before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Does your child have a regular bedtime schedule? \_\_\_Yes \_\_\_No

What time does your child usually go to bed at night? \_\_\_\_\_

What time does he/she wake in the morning? \_\_\_\_\_

Does your child take naps during the day? \_\_\_Yes \_\_\_No

If yes what time(s)? \_\_\_\_\_ Does your child have trouble sleeping?

\_\_\_\_\_ Night terrors? \_\_\_\_\_ Trouble going to sleep? \_\_\_\_\_

Other? \_\_\_\_\_

Are there any special dolls, blankets, etc. that your child needs to go to sleep?

\_\_\_\_\_

Does your child have any known health problems? \_\_\_Yes \_\_\_No

If yes, please describe in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any known allergies? \_\_\_Yes \_\_\_No

If yes, please list \_\_\_\_\_

Special instructions in case of an allergic reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches, sore throats, nosebleeds or other? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any indications of hearing or vision problems \_\_\_Yes \_\_\_No  
Has your child had any recent illnesses? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child fully potty trained? \_\_\_Yes \_\_\_No If in training, what specific things would you like to see us do to help in the process? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's eating habits? (likes to try new things, level of appetite throughout the day, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child eat unaided? \_\_\_\_\_Yes \_\_\_\_\_No

Are there foods that your child should not eat due to child's tastes, allergies, reactions and/or religious beliefs? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some of your child's favorite foods? \_\_\_\_\_  
\_\_\_\_\_

Strong dislikes? \_\_\_\_\_  
How do you "reward" your child/"discipline" your child at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information you would like to share with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_