

Getting to Know You

St. Paul Lutheran Child Care

Thank you for helping us get to know your child better.

Child's full name _____ Nickname _____

Parents' names _____

Siblings' names & ages _____

Your Child

Has your child had previous group experience? Yes ___ No ___ Where? _____

What is your child's favorite play activity? _____

Other interests of your child _____

Is your child -

- | | | |
|---|----|---|
| <input type="checkbox"/> a leader | or | <input type="checkbox"/> a follower |
| <input type="checkbox"/> independent | or | <input type="checkbox"/> dependent |
| <input type="checkbox"/> a contented child | or | <input type="checkbox"/> an unhappy child |
| <input type="checkbox"/> shy | or | <input type="checkbox"/> confident |
| <input type="checkbox"/> able to self-control | or | <input type="checkbox"/> lacking self control |

Tell us about his/her eating habits/food allergies _____

Potty Training? _____ The procedure you would like us to follow _____

Boys: Uses a urinal? _____ Sits or stands at toilet? _____ Pull up to be worn at rest? _____

Fears your child has _____

What are your child's strengths? _____

What are your child's weaknesses? _____

What is the most important thing we need to know about your child? _____

Special considerations needed _____

You and Your Child

How do you discipline at home? _____

What kinds of things do you do as a family? _____

What is/are your goal(s) for your child while attending St. Paul? _____