



Litz Christian Early Learning Center
Getting To Know You

Child's Name: _____

Parents or Caregiver Names: _____

- Does your child have any parents that do not live at home? Yes _____ No _____
- Does your child visit their parent? Yes _____ No _____
- Are there any custody issues that we should discuss? Yes _____ No _____

Is there any other information about your family's composition that you would like to share?

1. Does your child have siblings? If so, how many? What are their names and ages?

2. Does your family have pets? If so, what? What are their names?

3. Has your child been in an early learning program or childcare before? Yes ___ No ___
Describe what the situation was.

4. If not, has your child been separated from you before for a period of time greater than 5 hours? Describe what the situation was. Yes _____ No _____

5. Are there any important routines at drop off/pick up/naptime etc. that would be helpful to know about?



6. Does your child do any of the following? __Nail biting __Thumb Sucking __Stuttering

Other: explain _____

7. Do you have any concerns about your child's medical health (allergies, conditions) while in our care?

8. Does your child have any special needs (developmental, social, mental health)? Do these needs require special care?

What expectations do you have for our program? What do you hope your child gains from their time here?

Is there any information about your family's culture, ethnicity, or language that is important for us to know?

What language is spoken in your home? What language does your child speak most fluently?

Describe your child's "normal" daily activities.

Is there information that will help us make the first few days in our program easier for your child?

Is there any other information you would like to share?
