



## 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?

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

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

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

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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 \_\_\_\_\_

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

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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?

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

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

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

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

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Describe your child's "normal" daily activities.

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

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Is there any other information you would like to share?

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