

“Getting to Know Your Child” Form

At Takoma Children’s School we believe that you are your child’s first and most important teacher. We believe that education is a *partnership* between home and school. To begin this communication, please take some time to tell us a little about your child. If you need more room feel free to attach additional pages. Please return this form **before** your child’s first day of school.

Child’s name _____ Nickname(s) _____ Birthday: _____

What name do you want on your child’s cubby? _____

FAMILY BACKGROUND

Parents/Caregivers’ names _____

Other members of the household (include ages for siblings) Please write Name—Relationship

Other significant people in child’s life (e.g grandparents who care for child): _____

Child’s ethnic background: _____

Primary language spoken at home: _____

Other languages spoken at home: _____

List holidays celebrated at home: _____

Have there been any recent family changes about which we should be aware? _____

What is your parenting philosophy? _____

HEALTH HISTORY

Does your child have a history of the following?

Frequent colds: _____ Stomach Aches: _____ Headaches: _____ Seizures: _____

Allergies: _____ Ear Infections: _____ Nosebleeds: _____ Asthma: _____

Other: _____

Does your child have any eating problems?

Does your child have any dietary restrictions?

If your child has allergies, please list them and indicate how they are treated. Please include seasonal as well as food allergies. (you will also need to complete a medication form to allow us to give your child medication)

Anything else we should know about your child’s current health or health history?

DEVELOPMENTAL HISTORY

Has your child had group child care experiences before? Yes: _____ No: _____ If yes, please describe:

If your child is part time, does your child have other childcare? _____

Does your child have any fears we should be aware of? _____

Do you have any concerns about your child's:

Speech _____ Hearing: _____ Physical Development: _____ Social Development: _____ General Development: _____

Explain: _____

INFORMATION ABOUT YOUR CHILD

Child's likes and dislikes, special interest/activities:

Child's strengths:

My child feels confident about...

My child is afraid of...

My child gets frustrated when...

When my child gets upset, she/he...

Rewards/consequences used at home for behavior

What do you love most about your child?

Anything else we should know about your child to help him/her have a successful year?

EXPECTATIONS

What goals do you have for your child in school this year?

What expectations do you have for us, your child's teachers?

Signature: _____ Date: _____