# “Getting to Know Your Child” Form

The Reggio Emilia pedagogy that we are inspired by believes that caring for your child requires a strong *relationship and* *partnership* between family and school. To begin this relationship and partnership, please take some time to tell us a little about your child. If you need more space feel free to attach additional pages.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname(s)/What do you want us to call your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FAMILY BACKGROUND**

Parents/Guardians names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all members of household, including pets. For siblings, include age.** *(Please write Name—Relationship)*

Other significant people (ex: grandparents, long-time nanny):

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 dietary restrictions or eating challenges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your child has allergies, please list them and indicate how they are treated.** Include seasonal and food allergies. (you will also need to complete a medication form to allow us to give your child medication): \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child potty trained? Yes No

Is there any part of potty training/using the bathroom that is difficult for your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anything else we should know about your child’s current health or health history?** (ex: Asthma, medications taken on regular basis, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Was your child born prematurely? \_\_\_\_ How early?\_\_\_\_\_\_\_\_\_\_\_\_ Do/Did you use adjusted age?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any concerns about your child’s:

Speech\_\_\_\_ Hearing: \_\_\_\_ Physical Development: \_\_\_\_ Social Development: \_\_\_ General Development: \_\_\_\_

Explain:

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

**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?**

**SOME NITTY GRITTY DETAILS**

Does your child typically take a nap at home? \_\_\_\_\_\_\_\_\_ If yes, how often and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does your child sleep for naps? (their crib or bed, parents’ bed, couch, stroller nap, couch while watching tv/ipad, etc) Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child go down easily at naptime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your naptime routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What strategies do you use to help your child nap?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your child doesn’t nap at all**, do they have a quiet time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please tell us for how long and what quiet time looks like at home (ex: playing in room, watching tv on couch, read books in bed, etc) and is enforcing quiet time easy or a struggle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***THANK YOU SO MUCH FOR COMPLETING THIS FORM. The teachers use this to learn about your child and refer to it often throughout the year.***

Parent/Guardian Signature: Date: