

# GET TO KNOW ME



( Please fill in and bring to Meet the Teacher)

Child's Full Name: \_\_\_\_\_

1. What name does your child like to go by? \_\_\_\_\_

2. Is your child allergic to any foods? \_\_\_\_\_

3. Please list names and ages of your child's siblings

\_\_\_\_\_

4. What is the language spoken at home? \_\_\_\_\_

5. Does your child eat by himself? Yes or No

6. Does your child have a nap time routine? Lovey or Pacifier? \_\_\_\_\_

\_\_\_\_\_

7. Has your child been in school or daycare before? \_\_\_\_\_

8. Is your child potty trained? Yes or No

9. Does mom or dad travel frequently? Yes or No

10. Is there any other adult who helps take care of your child? \_\_\_\_\_

11. Is there anything else you would like to share about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_