

Get Acquainted Record

My name is: _____

My nickname is: _____

I have ____ brothers & ____ sisters, their names and ages are: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____

My favorite toy is: _____

I am afraid of: _____

I can do all these things by myself: _____

Why are you looking for a new childcare arrangement? _____

Has your child had previous child care experience? _____

Does your child eat unaided? _____ Does he/she enjoy eating? _____

Does your child have a special diet? _____

**Due to your child's tastes, allergies, reactions, and/or religious beliefs,
are there any foods, which should not be served to your child?** _____

Please list these foods: _____

How does your child go to sleep? _____

Are there any special dolls or toys he/she needs in order to go to sleep? _____

What is the usual time and length of naps taken each day? _____

How long does he/she usually sleep at night? _____
