

BETHEL DAYCARE MINISTRY

GETTING ACQUAINTED FORM

The information on this form will be given to your child's teacher to help him/her better understand your child. You are not obligated to answer any questions which you feel are not pertinent to the care of your child.

Last Name	First Name	Middle	Nickname
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Date of Birth _____

Father's Name _____

Mother's Name _____

Siblings:

Name: _____ Age _____

Name: _____ Age _____

List members of your present household not listed above: _____

Family Pets: _____

Special Interests: _____

List opportunities your child has had playing with others the same age: _____

Family's Church Affiliation: _____

Does your child attend Sunday School: _____

List other organizations of the church or community which he/she attends:

Please indicate past childcare experiences: _____

Which is the dominant hand your child uses? _____ Right _____ Left

EATING

Does your child like to eat? _____ Does your child feed him/herself? _____
Any difficulties with eating? _____

HEALTH

List medication your child takes regularly: _____
List all food and/or environmental allergies: _____
Describe type of allergic reaction (ex. rash): _____
Describe any health problems or handicaps: _____

TOILETING

Potty Trained? _____ Yes _____ No _____ If yes, what age? _____
Does your child tell an adult? _____ Does child need reminded? _____
At what time intervals? _____ Need help with clothing? _____
Words used to indicate need to eliminate? _____

DRESSING

Which of the following does the child need help with?
___ Socks ___ Shoes ___ Coat ___ Boots ___ Mittens ___ Pants ___ Shirt

SLEEPING

Does child nap? ___ How long? ___ Special nap toy? _____
Describe child's routine for rest: _____

PERSONALITY

Which of the following traits have you observed in your child?
___ Friendly ___ Cooperative ___ Leader ___ Sympathetic ___ Dominating
___ Curious ___ Generous ___ Shy ___ Sulks ___ Independent ___ Very
Energetic
___ Rebellious Other: _____

FEARS

Does your child have any of the following fears?
___ Storms ___ Dark ___ Bathroom ___ Animals ___ Being Alone
Other: _____
Please list any other information we should know in order to help us better
understand your child: _____