



## Getting to Know You Questionnaire

Dear Family,

We look forward to developing a partnership with your family in our program. You provided us with a lot of important medical and contact information during enrollment. We'd like to ask you a few more questions that will allow us to get to know your child and you a little better. Our goal is to do best job we can do welcoming your family into our program and creating a comfortable environment for your child. Would you kindly take few minutes to complete this questionnaire and bring it with you to your child's first day.

Thank you kindly,

Christina Roppolo

Director

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

If your child was born premature, please state how many weeks \_\_\_\_\_

1. Does your baby have a nickname? Please provide it if you would like us to use it.
2. In what language do you and your child communicate?
3. Is there information about your family composition or household members that you would like to share?

4. What are some of your baby's favorite things?
  
5. Are there cultural or religious holidays that your family observes that you would like to share with the program?
  
6. Does your baby have a feeding or napping schedule at home? If so, would you like us to keep to this schedule here as well?
  
7. Does your baby have any special needs?
  
8. What sort of nutrition is your baby receiving? (Breast milk, Formula, Table foods, Purees, etc.)
  
9. Is there any family history of allergies/food or item intolerances that we should keep a look out for?
  
10. Does your baby have any soothing items? (Blankets, lovies, binkies, etc.)

