



## 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 the best job we can do, welcoming your family into our program and creating a comfortable environment for your child. Would you kindly take a 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 \_\_\_\_\_ Child's Age \_\_\_\_\_

1. Does your child have a nickname? Please provide it if you would like us to use it.
2. In what language do you and your child communicate at home?
3. Is there information about your family composition or household members that you would like to share?
4. What are some of your child's favorite things?

5. Are there cultural or religious holidays that your family observes that you would like to share with the program?
6. What are your child's toileting and napping behaviors?
7. Does your child have any special needs?
8. What are your child's favorite foods?
9. Is there anything else you can share with us about your child that will help us ease the transition for your child?
10. Is there anything else you would like to share about your child, you or your family?

