

# \*Getting to Know you\*

Parent,

Please help me help your child through orientation by completing this form.

Name \_\_\_\_\_

Please list your child's favorite...

Breakfast food \_\_\_\_\_

Lunch food \_\_\_\_\_

Snack food \_\_\_\_\_

Song \_\_\_\_\_

Books \_\_\_\_\_

Videos \_\_\_\_\_

Toy or stuffed animal \_\_\_\_\_

Cartoon character \_\_\_\_\_

Game \_\_\_\_\_

Inside activity \_\_\_\_\_

Outside activity \_\_\_\_\_

If my child has trouble falling asleep I usually: \_\_\_\_\_

My child is afraid of: \_\_\_\_\_

Other persons who have regular contact with my child's care  
(grandparents, Step parents, siblings, friends, etc.)...

Name _____	Relationship _____
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Name _____	Relationship _____
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Name _____	Relationship _____
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Name _____	Relationship _____
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Anything else you would like to share about your child to help him/her feel more comfortable. Especially in the first week when we are brand new to each other...

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