



DAYDREAMS DAYSCHOOL

GETTING TO KNOW YOU

Parent/Guardian Name: _____

Child's Name: _____

1. Describe your child (serious, quiet, active, loving, etc) for us:

2. Is this your child's first time away in an away from home preschool environment?

3. Has your child had much interaction with other children his/her own age? What age does he/she mostly play with?

4. How many other children are in the household? (List Names/Ages Please)

5. What do you and your child enjoy doing most together?

6. Does your child have any special interests or toys?

7. Does your child have any pets? What type/names?

8. What are your child's best and worst times of day?

9. Are there any particular routines that are helpful at naptime?

10. What position is most comfortable for your child when napping?

11. What does your child like to do first when they wake up (morning and nap)?

12. What does your child like to eat?



12. What does your child like to eat?

13. What does your child NOT like to eat?

14. Does your child choke easily while eating?

15. Does your child have any special fears?

16. How does your child communicate his/her needs?

17. Are there any special words that your child uses that might not be readily recognized?

18. How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?

19. When your child gets upset what helps him/her calm down?

20. What is a good way to distract your child when he/she is having a tantrum?

21. Does your child need assistance with toileting?

22. How can we best help?

23. What do you expect for your child's experience at Daydreams Dayschool?
