



## ENROLLMENT AND "GETTING TO KNOW YOU" MEETING GUIDE

Child's Name: \_\_\_\_\_ Teacher's Names: \_\_\_\_\_

Names of Meeting Attendees: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

### Family Composition Questions:

- Does your child have any siblings (names and ages)?
- Does your family have any pets?
- Does your child respond to any nicknames? Does your child have any nicknames for family members?
- Is there any other information about your family's composition that you would like to share?
  
- What do you think will happen the first day you leave your child with us?
  
- Are there any special problems or fears that we should know about?
  
- Does your child do any of the following: for example:
  - Nail biting, Thumb sucking, Stuttering
- Any special needs (medical, developmental, social, mental health)?
  - Do any of these special needs require special care by our teachers?
  
  - Are there therapists that will come to school? Their Schedule:
  
- Does your child have any allergies?
  - Food Allergies
  - Environmental Allergies
- How are your child's allergies treated?
- Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?
  
- Any other medical or special needs?
  
- Describe your child's schedule:
  - Normal bedtime, waking time, nap time and duration
  - Meal times

- Regarding toilet habits, what words does your family use for bowel movements and urination?
  - Is your child toilet trained?
  - Does your child need to be reminded to go to the toilet during waking hours?
- Is there information that will help us make the first few days in our program easier for your child?
- Is there other information you would like to share?

**Questions for the Parent**

- What are your expectations of our program?
  - Is any particular aspect of the education program especially important to your child/family?
- Is there any information about your family’s culture, ethnicity, language, or religion that is important for us to know? Would you and/or your family like to be a resource for any cultural awareness activities?
- Are you willing to be a volunteer in our classroom?
  - Are there any other ways you would like to be involved?
  - Are there any other talents or interests you would like to share with us?
- What times are best for us to reach you if we need to contact you?
- Tell me about your child’s:
  - Favorite Toys
  - Favorite Games
  - Food Likes and Dislikes
- Are there any ways that we can improve communication with you about your child’s experiences?
- Do you have any questions about the program, curriculum, or facility?

**Discussion points**

- Take this time to reinforce any specific policies that are important for the parent to understand.
- Share information about the, group activities, and parent conferences that are available to the parent.
- Show the parent the classroom guidelines, activities, schedule....

NOTES:

**If “Getting to Know You” meeting was refused: 1. Date of refusal by parent:\_\_\_\_\_**