



## 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