

Getting to Know \_\_\_\_\_

Child's name \_\_\_\_\_

The following information you share will help make his/her first days at Bright Beginnings more comfortable. This information is voluntary and any item(s) you wish not to answer may be left blank.

1. Any other name he/she prefers to be called, nickname, etc. \_\_\_\_\_
2. Name of brothers or sisters and ages \_\_\_\_\_
3. Has your child had group experiences? (preschool, swimming, child care) \_\_\_\_\_
4. General Information:
  - a. Favorite toys \_\_\_\_\_
  - b. Favorite Books or Games \_\_\_\_\_
  - c. Favorite foods \_\_\_\_\_
  - d. Least Favorite foods \_\_\_\_\_
  - e. Special friend or relative \_\_\_\_\_
  - f. Favorite theme or character (ex.Princess/Cowboy) \_\_\_\_\_
  - g. Is your child shy or outgoing? / Traits shown \_\_\_\_\_
  - h. Any fears/insecurities? \_\_\_\_\_
  - i. Preferred comforting method \_\_\_\_\_
  - j. Does your child challenge you at times? \_\_\_\_\_
  - k. What does your child like best to do? \_\_\_\_\_
  - l. What does your child like least to do? \_\_\_\_\_
  - m. What pleases you most about your child? \_\_\_\_\_  
\_\_\_\_\_
  - n. Is there any area which you see any difficulty for your child? (Ex. sharing, clean up, following directions, napping, etc.) \_\_\_\_\_  
\_\_\_\_\_
  - o. What duties or responsibilities does your child have at home? \_\_\_\_\_
  - q. Does your child play alone or with others? \_\_\_\_\_
  - r. Does your child have any pets? \_\_\_\_\_



5. Does your child require help in?  
Dressing \_\_\_\_\_ Toileting \_\_\_\_\_ Eating \_\_\_\_\_ Undressing \_\_\_\_\_ Washing \_\_\_\_\_ Tying shoes \_\_\_\_\_ Other \_\_\_\_\_

6. Any additional information you wish to share with us to help us in getting to know your child better?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill out this questionnaire.

Parent/Guardian: Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Sincerely,  
The Staff and Management of Bright Beginnings Childcare Services