

GET TO KNOW YOU

GraceWay Children Academy

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Phone: 761-2220

reception@gracewaychildrenacademy.com



Child's Name: _____ Date of Birth: _____

What would you like us to call your child? _____

Health/Development

Special physical conditions, disabilities, or seasonal/environmental allergies?

Is your child presently, or has your child ever been, diagnosed with a special need? If so, is he or she receiving any special services, or taking any medications on a regular basis?

Family Information

With whom does child reside? _____

Who else lives in the home? (siblings, extended family, pets) _____

Does anyone in the child's home smoke? _____

What does the child call family members? _____

Language spoken at home: _____

Are there words in home language that we should know? _____

Tell us about any cultural customs or traditions that will help us make your child's experience more meaningful:

Eating Habits

For information about special diets, food allergies, or formula please complete the required food program documents.

Food allergies: _____

Favorite foods: _____

Foods refused: _____

Toilet/Diapering Habits

Does your child have frequent diaper rash? _____

Is there a problem with: diarrhea constipation painful urination

Is your child toilet trained? Urination Bowels Both Neither

Words used for urination: _____ Bowel movement: _____

Sleeping Habits

Are there any sleep time rituals? _____

Does your child nap? If so, about what time and for how long: _____

Mood upon awakening: _____

Social Relationships

What experience has your child had playing with other children? _____

What words would you use to describe your child: _____

Does your child prefer to play: alone in small groups

Reaction to strangers? _____

What has your previous experience been with child care? _____

Favorite toys or activities: _____

Fears: _____

What is your style of discipline? _____

Parenting Philosophy

What do you, as a family, hope to get out of this child care experience?

Parent/Guardian Signature: _____

Date: _____