

## GET ACQUAINTED FORM

This form is given to your child's teacher to help them get to know your child.

Child's First and last name \_\_\_\_\_

Name child is called/name teacher will use on his/her papers: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation/Industry: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation/Industry \_\_\_\_\_

Child lives with: \_\_\_\_\_

Names and ages of brothers and sisters \_\_\_\_\_

Best contact phone #: \_\_\_\_\_ Whose # is it? \_\_\_\_\_

Email: \_\_\_\_\_

Pets and their names \_\_\_\_\_

Languages spoken: \_\_\_\_\_ Reason for enrollment in School \_\_\_\_\_

Method of discipline used at home \_\_\_\_\_

Usual hour of bedtime \_\_\_\_\_ Still naps \_\_\_\_\_ Usual hour of awaking \_\_\_\_\_

Family's place of worship \_\_\_\_\_

Favorite toy/games/programs \_\_\_\_\_

Prefers active or quiet play \_\_\_\_\_ Talkative or quiet \_\_\_\_\_ Right or Left handed \_\_\_\_\_

Has had little or a lot of socializing opportunities with children his/her own age? \_\_\_\_\_

Separates easily from parents? \_\_\_\_\_

Other regular caregivers besides parents? \_\_\_\_\_

Does he/she need potty reminders \_\_\_\_\_

Special words used for urinating/bowel movements? \_\_\_\_\_

Any fears \_\_\_\_\_

Is your child in any special programs such as speech? If yes, please describe program & frequency

\_\_\_\_\_

Any allergies \_\_\_\_\_

If there any additional information you would like to share with us please feel free to use additional paper.

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