



Getting to Know Your Child

Child's Name: _____

We look forward to working with you and your child and hope that you will share the knowledge and understanding that you have about your child and family with us so that we can build our partnership with you in caring and educating your child.

Background

Significant people and relationships in your child's life:

Family and cultural values, holidays and traditions that you would like to share with us (please list on this form).

Would you like to share any holidays/traditions by volunteering in the classroom?

Your Child

Significant events:

Likes/dislikes:

How does your child exhibit signs of stress and what are ways TCDN can help your child feel better?

How would you describe your child's personality?

What characteristics do you find most endearing?





What characteristics do you find most challenging?

General

Beliefs about discipline/setting limits:

Favorite family activities:

Do you have any current concerns about your child’s development?

What do you believe is most important and most beneficial in your child’s childcare experience?

Anything else you would like to share with us?

As a cooperative, we sometimes need the talents of parents. Do you have any handy talents you would like to share? (Carpentry, sewing, repairs, etc.). Please specify.

Parent/Guardian Signature

Our programs are required to be licensed by the Department of Public Welfare. We are asked to provide our demographic information annually. TCDN is an Equal Care Provider.

_____ Male _____ Female

___ Black ___ Hispanic ___ White ___ Native American ___ Asian/Pacific Islander ---
--- Biracial ___ Other

Thank you for this helpful information. We look forward to working with your family.

