



## Getting to Know Your Child Introduction form

Child's Full Name: \_\_\_\_\_  
Nick-Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Class: \_\_\_\_\_  
Parents' Name(s): \_\_\_\_\_

Does your child have any allergies that you are aware of? \_\_\_\_\_  
If yes, what are they? \_\_\_\_\_  
(Doctor's note and medical emergency plan, must be provided.)

Your child's needs:

Does your child nap? \_\_\_\_\_  
What is your child's nap schedule?

\_\_\_\_\_

How long do they usually nap for? \_\_\_\_\_

When your child is upset, what comforts them? \_\_\_\_\_

\_\_\_\_\_

How do you handle challenging behaviors? \_\_\_\_\_

\_\_\_\_\_

Are there any special needs your child may have? \_\_\_\_\_

How can we assist in providing a positive learning and nurturing classroom experience?

\_\_\_\_\_

\_\_\_\_\_

Do you have a Family Service Plan or Individual Education Plan we can assist with? \_\_\_\_\_

May we have a copy for our records? \_\_\_\_\_

What are your child's interests

\_\_\_\_\_?

\_\_\_\_\_



What are your expectations of our program and/or teachers?

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Other comments:

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Thank you,

CTK ELC Teachers