



## Getting Acquainted With Your Child

Please complete the questionnaire so we can  
better serve you and your child.

### General Information

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Parent's Name: (mother) \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Name: (father) \_\_\_\_\_ Occupation: \_\_\_\_\_

### Favorite Things

Favorite play materials: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

Pets: \_\_\_\_\_

Opportunities to be with children their own age: \_\_\_\_\_

Likes to Read? \_\_\_\_\_ Music? \_\_\_\_\_ Television (how much)? \_\_\_\_\_

### Special Needs

Fears: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Health: \_\_\_\_\_

Special recent experiences (moving, trips, deaths, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family Members

Other children in family:

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Other adults in home:

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's church affiliation: \_\_\_\_\_