



**Treasure House Child Development Center**  
**School Age Family**  
**Getting To Know You Information Form**

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Family Information**

Does your child have any siblings (names and ages)? \_\_\_\_\_

Are there any custody issues that we should discuss? \_\_\_\_\_

Does your family have any pets? \_\_\_\_ Yes \_\_\_\_ No Please describe \_\_\_\_\_

Does your child respond to any nicknames? \_\_\_\_ Yes \_\_\_\_ No Please describe \_\_\_\_\_

Does your child have any nicknames for family members? \_\_\_\_ Yes \_\_\_\_ No Please describe \_\_\_\_\_

Is there any other information about your family's composition that you would like to share? \_\_\_\_ Yes \_\_\_\_ No

**Child Information**

Has your child been in an early learning program or child care before? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

If yes, would you share some information with us? (Where? When? For How Long?, Etc.) \_\_\_\_\_

How did your child react to other children and adults? \_\_\_\_ NA \_\_\_\_\_

Are there any special problems or fears that we should know about? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

**Meal Habits**

What are some of your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Are there any foods that you don't want your child to eat? \_\_\_\_\_

**General Health Questions**

Any special needs (medical, developmental, social)? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Do any of these special needs require special care by our Teaching Staff? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_



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Does your child have any allergies?  Yes  No \_\_\_\_\_

Food Allergies  Yes  No \_\_\_\_\_

Environmental Allergies  Yes  No \_\_\_\_\_

Allergies to Medication  Yes  No \_\_\_\_\_

How are your child's allergies treated? \_\_\_\_\_

\_\_\_\_\_

Is there any other information about your child's health that you would like to share?  Yes  No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Habits**

Does your child have any hobbies or special interests? \_\_\_\_\_

\_\_\_\_\_

What extracurricular activities does your child participate in? (Dance, Karate, Etc.) \_\_\_\_\_

\_\_\_\_\_

How do you motivate your child at home? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's temperament normally? (Easy-Going, Emotional, Etc.) \_\_\_\_\_

\_\_\_\_\_

What do you do at home to cheer your child up when they are sad? \_\_\_\_\_

\_\_\_\_\_

**School Information**

What school does your child attend? \_\_\_\_\_ What grade is your child in? \_\_\_\_\_

What is your child's favorite subject? \_\_\_\_\_

Are there any specific subjects your child excels/struggles in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything you would like us to work on with your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does our child need help with homework?  Yes  No \_\_\_\_\_

Is there any information that will help us make the first few days in our program easier for you and your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE

Program/Classroom \_\_\_\_\_

Enrollment/Start Date \_\_\_\_\_