Getting to Know ____________________________________

The following information you share will help make his/her first days at Bright Beginnings more comfortable. This information is voluntary and any item(s) you wish not to answer may be left blank.

1. Any other name he/she prefers to be called, nickname, etc. _______________________________________________

2. Name of brothers or sisters and ages _______________________________________________________________

3. Has your child had group experiences? (preschool, swimming, child care) ______________________________________

4. General Information:
   a. Favorite toys __________________________________________________________________________
   b. Favorite Books or Games __________________________________________________________________
   c. Favorite foods __________________________________________________________________________
   d. Least Favorite foods ______________________________________________________________________
   e. Special friend or relative ___________________________________________________________________
   f. Favorite theme or character (ex. Princess/Cowboy) _____________________________________________
   g. Is your child shy or outgoing? /Traits shown _________________________________________________
   h. Any fears/insecurities? ____________________________________________________________________
   i. Preferred comforting method __________________________________________________________________
   j. Does your child challenge you at times? __________________________________________________________________
   k. What does your child like best to do? __________________________________________________________________
   l. What does your child like least to do? __________________________________________________________________
   m. What pleases you most about your child? __________________________________________________________________
   n. Is there any area which you see any difficulty for your child? (Ex. sharing, clean up, following directions, napping, etc.) __________________________________________________________________
   o. What duties or responsibilities does your child have at home? __________________________________________________________________
   p. Does your child play alone or with others? __________________________________________________________________
   q. Does your child have any pets? __________________________________________________________________

5. Does your child require help in?
   Dressing _____  Toileting____  Eating____  Undressing____  Washing_____  Tying shoes_____  Other________

6. Any additional information you wish to share with us to help us in getting to know your child better?
   __________________________________________________________________
   __________________________________________
   __________________________________________

Thank you for taking the time to fill out this questionnaire.

______________________________________ ________________________________________
Parent/Guardian: Print name                                      Signature                        Date

Sincerely,
The Staff and Management of Bright Beginnings Childcare Services