

## GETTING TO KNOW YOUR CHILD

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

Please complete this survey so we may know your child better and give him/her the best possible experience here at Little Bears . . .

What experiences do you want your child to get by coming to Little Bears? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By nature is your child: friendly? \_\_\_\_\_ assertive? \_\_\_\_\_ shy? \_\_\_\_\_

How does he/she get along with brothers/sisters? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has he/she been in other group settings with children before? \_\_\_\_\_  
If so, what types of groups? \_\_\_\_\_  
\_\_\_\_\_

How does he/she respond to other adults? \_\_\_\_\_  
\_\_\_\_\_

Does he/she appear to enjoy playing with others? \_\_\_\_\_  
How does he/she express feelings? \_\_\_\_\_  
\_\_\_\_\_

What upsets your child? \_\_\_\_\_  
\_\_\_\_\_

What frightens your child? \_\_\_\_\_  
\_\_\_\_\_

Does he/she like to be read to? \_\_\_\_\_  
Favorite books or stories? \_\_\_\_\_  
\_\_\_\_\_

Favorite toys and/or activities? \_\_\_\_\_  
\_\_\_\_\_

Does your child enjoy playing outdoors? \_\_\_\_\_  
What are his/her current interests? \_\_\_\_\_  
\_\_\_\_\_

What time does he/she go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_  
Usual nap time? \_\_\_\_\_ Does he/she like to be rocked? \_\_\_\_\_  
What is his/her usual mood on awakening? \_\_\_\_\_

Is your child potty-trained? \_\_\_\_\_  
How does your child indicate that he/she needs to use the toilet? \_\_\_\_\_

Does he/she have any bowel irregularities? \_\_\_\_\_

Food preferences or dislikes? \_\_\_\_\_

Discipline methods you find most effective? \_\_\_\_\_

How does your child respond to correction? \_\_\_\_\_

Areas of child's development that you feel are strong \_\_\_\_\_

Areas of child's development that you would like improved \_\_\_\_\_

Anything else you would like us to know about your child? \_\_\_\_\_

As a parent, do you have any special hobbies or talents that could be shared with Little Bears? \_\_\_\_\_

Would you be willing to volunteer? \_\_\_\_\_ What would you be interested in doing? \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_