

Getting to Know You (Parent Form)

Child' Name _____

Parent(s)/ Guardian(s) Name(s) _____

Are there ANY family situations we should be aware of (custody agreement or court orders)? YES NO

If yes, (explain) _____

Be advised we are required to have a copy ON FILE, please submit a copy to the SGRPRC Childcare Office. Submitted: YES NO

Are there any religious beliefs that would prevent your child/children from participating in any holiday celebrations or festivities? YES NO

If yes, (explain) _____

Any foods your child is NOT permitted to have due to religious beliefs? YES NO

Is yes, (explain) _____

Do you have any special interests, talents or skills that you would be willing of offer to the program?

Does your child have impairments or developmental delays that we need to be made aware of to meet their needs? (*hearing, vision, texture sensitivities', speech, mobility delays or weaknesses, etc*) YES NO

If yes, (explain) _____

Has your child attended any child care before? YES NO

Do you see your child having separation issues? YES NO _____

Any other information you would like to share? _____

Parents Meeting:

Follow-up Parent Meetings are offered to parents and scheduled four weeks after the child starts care to discuss the program and your child's needs. Please respond whether you are or are not interested in scheduling an appointment.

___ YES, I would like to schedule an appt.

___ NO, I am not interested.

Parent Signature _____ Date _____