



## OST Getting to Know Your Child

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

Child's Program: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

We look forward to working with you and your child and hope that you will share the knowledge and understanding that you have about your child and family with us so that we can build our partnership with you in caring for and educating your child.

### **Background**

Significant people and relationships in your child's life:

Would you like to share information on any family and/or cultural values, holidays, or traditions that are observed by your family?

Would you like to share any special knowledge, skills, professions, holidays, traditions, or activities with the program?

### **Your Child**

Significant events in your child's life:

Your child's Likes/dislikes:

How does your child exhibit signs of stress and what are ways TCDN can help your child feel better?

How would you describe your child's personality?





What characteristics do you find most endearing?

What characteristics do you find most challenging?

**General**

Favorite family activities:

Do you have any current concerns about your child's physical/emotional/social development?

What do you believe is most important and most beneficial in your child's childcare experience?

Anything else you would like to share with us?

***Parent/Guardian Signature***

***Our programs are required to be licensed by the Department of Human Services. We are asked to provide our demographic information annually. TCDN is an Equal Care Provider.***

Child's Gender: \_\_\_\_\_

Black    Hispanic    White    Indigenous    Asian/Pacific Islander  
 Multiracial    Other

**Thank you for this helpful information. We look forward to working with your family.**

