



Preschool Getting to Know Your Child

Child's Name: _____ Child's Nickname: _____

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 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

Does your child have a special comfort item?

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?

Would you like to schedule a meeting with your child's TCDN teacher before the start of school?

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.

