

Getting to Know You



The purpose of this form is to get to know your family a bit more in order to best take care of your child. We strongly believe that preschool success requires a partnership between Sprouts and home. Thank you so much for taking the time to let us know more about you and your child!

Child Name _____ Date _____

Completed By (Name and Relationship) _____

1. What language is spoken most frequently at home? _____

a. Are there any additional languages spoken at home? _____

2. What is your school district of residence? _____

a. Have you made any considerations regarding where your child will attend kindergarten? _____

3. The following questions relate to important people in your child's life.

a. Who are adults that are significant to your child that live at your home?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

b. Are there adults that are significant to your child that do not live at home? If yes, please list

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

c. What other children, if any, are in your home?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

4. If we must call for an early pickup due to illness, loss of utilities, etc., who is the best person to call first on their Emergency Contact List (Page 1 of the Enrollment Packet)?

5. Are there any adults who through a court order are not permitted to pick up your child, and/or they may not have any information about your child? **(We will need a copy of the order on file to enforce this.)**

6. Are there any holidays that you do not observe? Are there any holidays that you do observe that are not part of American culture? If yes, please list.

7. Are there any foods that your child does not eat due to religious or other beliefs? _____

8. Has your child been in child care or a preschool program before? _____

a. From what ages? _____

b. If yes, how do you feel it went? _____

9. While there are a variety of benefits for children in a group setting, we understand that there are many motivations for families when they enroll their child. What are your primary goal(s) for your child's time at Sprouts?

Check all that apply.

Academics

Care While at Work and/or School

Socialization/Peer Relationships

Lessen Caregiver Burden

Learning Routines

Whatever They Need for Kindergarten

Other: _____

10. Do you have any concerns about your child's health/development in any of the following areas? **Check all that apply.**

Speech

Fine Motor Development (cutting, writing, buttoning, snapping, etc.)

Gross Motor Development (balance, running, hopping, skipping, climbing, etc.)

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- Cognitive Development (colors, counting, memory, numbers, letters, shapes, etc.)
- Social-Emotional Development (Does not cooperatively play with peers, does not make eye contact, lack of exposure to peers)
- Following Rules (Refuses adult directions, has trouble understanding rules)
- Family/Sibling Relationships
- Following One Step Directions
- Physical Aggression
- Tantrums or has Temper Outbursts _____ Frequency _____ Duration _____
- Fears
- Separation Anxiety
- Wanders/Tries to leave designated area
- Staying on Task or Concentrating
- Turn taking/Patience
- Sleep (difficulty falling asleep, nightmares, etc.)

Other: _____

If you checked any of the above, please describe.

11. Has your child receives/received services for any of the following? **Check all that apply.** Please note: We only have access to your child's IEP/IFSP if you give it to us.

- | | previously | ongoing |
|------------------------|--------------------------|--------------------------|
| • Speech | <input type="checkbox"/> | <input type="checkbox"/> |
| • Social Emotional | <input type="checkbox"/> | <input type="checkbox"/> |
| • Occupational Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| • Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| • Mental Health | <input type="checkbox"/> | <input type="checkbox"/> |

• Other: _____

12. Is there anything else that you would like to tell us about your child and/or your household, such as their interest?
