Once Apon A Time A STAR FOUR Early Learning Center

Student's Name:_____



What would you like for us to call your child (given name / nickname):
Getting to Know You
Once Upon A Time requires this information to assist the staff in making your child's time with us as positive and interactive as possible. The questions listed here are a guide. If you feel there is anything we should know about your child, in order to provide a safe and effective child care experience, please use the back of this form or an additional sheet of paper to elaborate. Once Upon A Time is committed to offering each child and family a positive, safe and interactive child care experience, cooperation with each child's parent(s) and/or guardian(s) is necessary to accomplish this commitment. One important part of transition is sharing information about your child's needs, strengths, and abilities. The following information will help the staff learn about and plan for your child.
1. What is your child's typical schedule, including times for feeding, sleep, and play?
2. Please tell us about your child's eating habits. Does your child have any preferences around eating? For example, does your child prefer food only at room temperature?
3. Does your child have a special item that he or she will be bringing to school?
4. Does your child tend to self-soothe? What are some techniques that you use to help your child soothe himself/herself?

5. If your child naps, what is your child's nap routine? How does your child fall asleep typically?
6. What types of things does your child enjoy learning?
7. What things are the most difficult for your child to learn?
8. What are your child's favorite toys and activities?
9. How does your child interact with other children?
10. What types of rewards work best with your child (for example, hugs, praise, stickers)?
11. What types of discipline work best with your child?
12. What kind of support or help, if any, does your child need during routines such as eating, dressing, toileting, napping, etc.? If used, what <u>size</u> diaper/pull-up is your child currently wearing?

13. What other information would you like to share about your child?
12. Does your child have an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP)?
13. If your child has an IFSP or IEP, would you be willing to share it with us so that we can work together with the same educational plan?
*Note: As an early learning facility, we strive to meet the needs of all children and to use effective practices that will support their success. We are requesting a copy of your child's IFSP/IEP so that we can better understand his/her individual strengths and needs. The plan will provide us with the information that we need to be successful teachers, and for your child to be a successful member of our early learning community. We want to work with you and your child's team to identify activities that will enhance his learning and development. We appreciate the opportunity to become a member of your child's team!
14. Please list the name(s) and age(s) of your child's siblings.
15. Please tell us about any pets that are part of your family.
16. Is there anything in particular that frightens your child (e.g. loud noises)?
17. Please list all persons who live with your child and their relationship to him or her.
18. Please describe any previous experience your child has had in a child care setting.

19. Is there a court order affecting your child?	YES NO
IF YES, PARENT/GUARDIAN <u>MUST PROVIDE A C</u> CHILD MAY ATTEND PROGRAM. IF NO, PLEAS	
PARENTS WILL BE AFFORDED IMMEDIATE ACCE HANDBOOK FOR FURTHER EXPLANATION O DIRECTOR.	
20. Does your child have any special needs? Pleat physical, or learning disabilities, medical requirement	•
Once Upon A Time complies with all laws and reg special needs including but not limited to the Ame Time will provide a reasonable accommodation for	ricans with Disabilities Act. Once Upon A
disability and whose parents work closely with Once accommodation.	e Upon A Time to determine a reasonable
We invite you to schedule a getting-to-know-you con	nference with your child's teacher.
If you wish, please make an appointment with your o	hild's teacher.
Family Member's Signature / Guardian Signature (s)	Date
Date Received: Conference Requested: Y N Teacher Signature:	