



Active Learning Center

GETTING TO KNOW YOU Kindergarten/School-age Child

Child's Full Name: _____ Date: _____

Section 1 – Family Information: Tell us about your family. Does your child have siblings? Who lives in the household with your child?

Section 2 – What makes your child happy? Does your child have a hobby, special skill or interest that we could tie into our program to help your child make meaningful connections and share his/her experiences?

Section 3 – Health: Has your child had a previous serious illness, or injury, or hospitalization? When?

Is this child subject to any conditions which limit classroom activities or physical education?

Is there any defect of vision, hearing or speech of which the childcare program should be aware, or could compensate by appropriate action?

Any diagnosed medical conditions, such as ADHD, Autism, Sensory Processing Disorder, Occupational Defiance Disorder or other concerns that we need to be aware of to assist in your child's positive experiences?

Section 4 – Social Interaction

How does your child get along with others? Is he/she shy? Outgoing? A team player? A Leader?

Method of discipline or redirection used at home? What is a good way to distract your child? What helps your child calm down?

Section 5 – Goals for your child

What would you like your child to gain from our program?

Section 6 – Other

Any other information you would like to share?

Would you like to schedule a "Getting to Know You" meeting with the Director to discuss your child's needs further? ☐ Yes ☐ Not currently

Parent Signature: _____

Date: _____

Employee Signature: _____

Date: _____