

Getting to know your Child

(To be completed by parent before admission)

Child's Name: _____ Age: _____ Birth Date: _____

1. How would you say your child handles **separation**? _____

2. How would you describe your child's **eating habits**? _____

3. How would you describe your child's **napping & sleeping habits**? _____

4. How does your child **communicate** with you? With others? _____

5. What is your child's **likes**? What does he/she like to do? _____

6. What is your child's **dislikes**? What does he/she not like to do? _____

7. What else should we know about your child? _____

8. Are there any other concerns or questions you have? _____

