

House of Kids, Inc.

Getting Acquainted

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Name Child is Called at Home: _____

Siblings:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Favorite Play Materials _____

Special Interests _____

Pets _____

What opportunities does the child have to play with others of the same age? _____

Eating

Does the child like to play? _____

Does the child feed him / herself? _____

Are there any food dislikes? _____

Are there any allergies? _____

Any difficulties with eating? _____

Sleeping

What time does the child go to bed? _____ Get Up? _____

Does child nap _____ How Long _____ When _____

Does the child nap with a special toy? _____

What the child's routine in preparation for rest (i.e. story time, quiet play, bottle) _____

Toilet Training

Is the child toilet trained? _____

Does child eliminate by him / herself? _____ Tells adults? _____

Does the child need to be reminded? _____ At what intervals? _____

Does the child need help with clothing? _____

Does the child have special words to indicate a need to eliminate? _____

Dressing

Does the child need help with any of the following: Shoes _____ Socks _____

Boots _____ Coat _____ Gloves _____ Pants _____ Shirt / Dress _____

Fears

Is the child afraid of any of the following: Storms _____ Dark _____

Bathroom _____ Animals _____ Being alone _____

Any other fears? _____

Health Information

Does child take medication regularly? _____

Any health problems or disabilities? _____

Any other information that would help us know the child better? _____

Signature of Parent or Guardian