

GETTING TO KNOW YOU - MEETING GUIDE

Child's	Name			
	endance:			
Enrollr	ment Date: Meeting Date:			
<u>House</u>	ehold Information			
1.	Names and ages of those living in home and relationship:			
2.	Parents/siblings that do NOT live in home:			
	Does child visit this parent?			
3.	Any Pets?			
4.	4. Nicknames of Child			
Any other information about the family you would like to share?				
1.	Has your child been in a child care program before? (where, when, how long, kind of care)			
	Reason for leaving?			
	Do you have records from that program?			
	How did your child react to a childcare situation with other adults/children?			
	How did they react to separation from family?			
2.	What do you think will happen the first day you leave your child with us?			
3.	Any special problem or needs, medication?			
	Does your child require special care?			
	Does your child have an IEP or ISFP?			

4.	Does your child bite nails?	Suck thumb?	Stutter?	
5.	Any Allergies?	How treated?		
6.	Any other information about your child you would like us to know?			
arent	nt Questions			
1.	What are your expectations of the program?:			
2.	 Is there any information about your family's culture, language, or religion that would be important for us to know? 			
3.	How would you like us to contact you PHONE EMAIL		ion? IER	
4.	Tell us about your child's likes and dislikes:			
	Do you have any questions concerning our policies, the Family Handbook, questions about the program, curriculum, facility, or staff?			

Review Family Handbook
Information sharing/daily communication
Review transitions
Problem solving procedure
Enrichment program
Parent participation
Staff requirements