

Rising Star Day Care Center
1411 Highland Ave
Langhorne PA 19047
215-757-8350

GETTING TO KNOW YOU

Child's Name: _____

Names of Meeting Attendees:_____

Meeting Dates:_____

Enrollment: _____

If "Getting to Know You" meeting was refused:

1. **Date of refusal by parent:**_____
2. **Attach a list of the information that you shared in written form.**

Family Composition Questions:

Tell me about your household. (neighborhood, who lives there, names and relationship to child)?

Does your child have any parents that do not live in the home?

- Does your child visit this parent?
- Are there any custody issues that we should discuss?
- Does your child have any siblings (names and ages)?
- Does your child respond to any nicknames? Does your child have any nicknames for family members?
- Is there any other information about your family's composition that you would like to share?

Child Information

- Has your child been in an early learning program or child care before?
 - If yes, would you share some information with us? (Where? When? For how long?)
 - What kind of care (family day care home, relative/neighbor care, group, center)?
 - Is there a reason for leaving that program that you would like to share with me?
 - Do you have any of your child's records from that program?
 - How did your child react to other children and adults?
- What do you think will happen the first day you leave your child with us?
- Does your child have any imaginary friends?
- Are there any special problems or fears that we should know about?
- Does your child do any of the following:
 - Nail biting?
 - Thumb sucking?
 - Stuttering?
- Any special needs (medical, developmental, social, mental health)?
 - Do any of these special needs require special care by our teachers?
 - Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)?
 - If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.

- What program or individuals work with your children in regards to these special needs?
Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child?
- Does your child have any allergies?
 - Food Allergies
 - Environmental Allergies
 - Allergies to medicine
- How are your child's allergies treated?
- Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?
- Any other medical or special needs?
- Describe your child's schedule:
 - Normal bedtime, waking time, nap time and duration
 - Meal times
 - Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, school)?
- Other required DPW (or other agency) required forms and signatures will be used in conjunction with some of these questions.
- Is there information that will help us make the first few days in our program easier for your child?
- Is there other information you would like to share?

