



LEBANON YMCA GETTING TO KNOW YOU

Child's Name _____ Nickname (if any) _____

Parent's Name(s) _____

Date: _____ Location: _____

Family Composition Questions:

1. Please list your child's household members (including relations and age of siblings)
2. Are there any custody situations that you would like to share with us?
3. Is there any other information about your family's composition that you would like to share?
4. Do you have any pets? ____ Yes ____ No

Child Information:

1. Has your child ever been in an early learning program or childcare before? What kind?
2. Are there any special concerns we should be aware of? (thumb sucking, nail biting, etc)

- 3. Any special needs? (Medical, social, developmental)?**
 - a. Do any of these special needs require special care by our teachers? Please explain**

 - b. 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.

- 4. Does your child have any allergies? If so, please list all.**

Questions for the Parents

- 1. What are your expectations for the program?**

- 2. Is there any information about your family's culture, ethnicity, language, etc. that is important for us to know?**

- 3. Is there any other information you would like to share about your child or do you have any questions about the program?**

- 4. Would you like to take a tour of the facility and meet with the staff that will be caring for your child prior to your child starting the program?**