

## Get Acquainted Form

Today's Date \_\_\_\_\_

Child's Information:

First/Last Name: \_\_\_\_\_

Nickname \_\_\_\_\_

Age: \_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_ Male \_\_ Female \_\_

Does the child have sibling(s)? \_\_ Yes \_\_ No How many? \_\_\_\_ Brother(S) \_\_ Sister(s)

Name(s) and age of siblings(s): \_\_\_\_\_

Allergies? \_\_\_\_\_ Fears? \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

What time does the child go to bed? \_\_\_\_\_ Does the child take a nap? \_\_ how Long? \_\_\_\_

Does the child have any pets(s)? \_\_\_\_\_ Name of pet(s) \_\_\_\_\_

Child Temperament:

\_\_\_\_\_

Favorite toy(s): \_\_\_\_\_

Favorite activity(s): \_\_\_\_\_

\_\_\_\_\_

What method of re-directions is used?

\_\_\_\_\_

Parenting style:

\_\_\_\_\_

What words are used when using the restroom?

\_\_\_\_\_

Father's Profession:

\_\_\_\_\_

Mother's Profession:

\_\_\_\_\_

Household structure: Married \_\_\_\_\_ Divorce \_\_\_\_\_ Separated \_\_\_\_\_

Any other adult(s) living in the household? \_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_