

Get Acquainted Form

Today's Date: _____

Child's Information

First/Last Name: _____

Nickname: _____

Age: _____

Date of Birth: _____

Gender: ___ Male ___ Female ___

Does the child have any siblings? ___ Yes ___ No

How many? _____

Brothers: _____

Sisters: _____

Names and ages of siblings:

Allergies: _____

Fears: _____

Religious Affiliation: _____

What time does the child go to bed? _____

Does the child take a nap? ___ Yes ___ No

How long? _____

Does the child have any pets? _____

Name(s) of pet(s): _____

Child Temperament:

Favorite Toy(s):

Favorite Activities:

What methods of redirection are used?

Parenting Style:

Father's Profession:

Mother's Profession:

Household Structure:

Married _____

Divorced _____

Separated _____

Any other adult(s) living in the household? _____

Additional Comments:
