## **RFCC Get Acquainted Form**

Child's Name	Birth Date
Family	
Mother's Name	Address
Occupation	
Father's Name	Address
Occupation	
Religious Affiliation: Mother	Father
Child Separa	ted? Divorced?
Other children in the family:	
Name	Age
Name	Age
Name	
Other adults in household:	
Name	Relationship to Child
Name	Relationship to Child
Are there any pets?	If so, what kind?
How is discipline handled?	
Personal Information	
Does your child take naps?	If so, when?
Is another language spoken?	If so, which one?
Is your child potty trained?	Does your child have toileting accidents?
Social Relationships	
By nature is your child: friendly?	aggressive? shy?   clinging? outgoing?
withdrawn?	clinging? outgoing?
How does your child relate to strangers?	
Does your child play well alone?	Does your child play well with other children?
What is your child's favorite toy or item?	
Is your child frightened by: animals?	darkness? rough children?
loud noises? storms?	strangers? other
<u>Health</u>	
Does your child have any food allergies?	If so, what are they?
Does your child have any other allergies?	If so, what are they?
Has your child had a serious illness? If s	so, what kind?
Does your child have any disabilities? If	so, what kind?
Has your child ever been hospitalized? I	f so, why? If so, which ones?
Are there any medications given regularly?	If so, which ones?
If your child has an IEP/IFSP and you would like to	share that information, please fill out the back of this form.
Child Care Experience	
Has your child been in any other child care setting?	If so, how long?
What type? babysitter	play group
home day care	nursery school
another day care center	public/private kindergarten
public/private elementary school	other
What do you hope for your child and family to gain	other