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Getting to Know Your Child

Child's Name _____ Nickname _____ Age _____

Parents Name _____

Family members that live in your home; name and age of siblings: _____

Important People who also care for your child regularly? _____

Family Pets: _____

Is there more than one language spoken in your home? _____

Has your child had any other group experience? Please explain: _____

Does your child have a security object or "lovie"? Please bring to school if it helps with the transitions.

Does your child have any fears, such as strangers or loud noises? What is the best way to reassure him/her?

What are your child's interests? _____

Tell us about your child's personality (easy-going, risk-taker, shy, etc.), _____

Are there any language or motor concerns we need to be aware of? Was it a premature birth?

Do you have any concerns about your child? _____

What do you like about your child? _____

What are your child's favorite foods? _____

Is your child usually hungry at meal time? _____

If applicable, is your child potty trained or training? Are there any particulars-such as a preference to sit or stand?

What are your child's areas of strength? _____

What things challenge your child? _____

Please tell us how you discipline your child at home. Are there any techniques or special

"words" you use consistently which will help us? _____

What are you hoping your child will experience at PDO? _____

How might we help you with your child's transition attending PDO? _____

Family and friends who have children attending PDO this year? _____

How did learn about PDO? _____

Is there anything else you would like to share? _____

We look forward to getting to know your child! Please feel free to ask any questions about your child and his/her experience at PDO. Share any suggestions or concerns about your child with the teachers and/or the director throughout the year. This form is shared with your child's teachers, so they can help with your child's transitions at PDO and to enhance learning.