6001 Germantown Avenue
Philadelphia, PA 19144

215-843-8299
www.Miss-Martys.com

"GETTING TO KNOW YOU"

In an effort to ease your child's transition either into Miss Marty's Pre-School, into a new classroom, or into a new school year, we would like to learn a little bit more about you, your household, and most importantly, your child. Please note that completion of this form is required as part of our enrollment process. We look forward to getting to know you!

Child's Name: _____ Date of Birth: _____

Nickname (if any): _____ Sex Assigned at Birth: Male Female Intersex

Enrollment Date: _____ Start Date: _____ Classroom: _____

HOUSEHOLD INFORMATION:

Name of Parent/Guardian: _____Relationship to Child_____

Name of Parent/Guardian: _____Relationship to Child_____

With whom does the child live? (Circle all that apply)

Mother Father Stepmother Stepfather Siblings(s)

Aunt Uncle Grand Parent(s) Foster Family Other

Other (Explain)_____

Is there a Custodial Arrangement? **YES** **NO**

If yes, please provide a court authorized copy on or before your child's start date:

Please share any family, cultural, ethnic, language or religious information that you would like us to know: _____

_____

CHILD'S MEDICAL HISTORY:

Has your child ever been diagnosed with any of the following: (Check all that Apply)

Allergies	Heart Condition	Diabetes
Hearing Loss	Asthma	Vision Loss
Other		

Please Describe: _____

_____

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Child's Name_____

Has your child ever been hospitalized? **YES** **NO**

If yes, please list dates and reasons_____

_____

Does your child take prescription medications on a regular basis? **YES** **NO**

If yes, please describe_____

**Please see the Medication Policy in our Family Handbook

Has your child ever been diagnosed with any of the following: (Circle all that Apply)

ADHD / ADD	Autism/ Asperger's
Social / Emotional Developmental Delays	Speech Delays
Physical Developmental Delays	Other

Does your child have an Individualize Education Plan (IEP), or an Individualized Family Service Plan (IFSP)? (Please Circle) **YES** **NO**

If yes, please provide a copy of your child's plan, and include Miss Marty's as a member of the care team to be included in all meetings and developmental assessments. **Parent/Caregiver Initial** _____

Does your child have any dietary restrictions? **YES** **NO**

If yes, please describe _____

Please share any other Medical/ Behavioral Information that we should know about your child:

_____

_____

ALL ABOUT YOUR CHILD:

Please Describe your child's personality: _____

_____

_____

What are your child's favorites/ least favorites (toys/ activities/ songs/ colors/ foods)? _____

_____

_____

_____

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Child's Name:_____

Has your child ever attended childcare/ daycare facilities before? **YES** **NO**

If Yes, how old was your child? _____For how long did they attend?_____

Please provide a copy of your child's records from their previous school, including screenings and assessments, work samples and child services reports.

Does your child have opportunities to play with other Children? **YES** **NO**

How does your child get along with other children?_____

_____

How does your child get along with adults?_____

_____

Is your Child Toilet Trained? **YES** **NO**

Does your child use any special word for bowel movement, urination, or private parts?

_____

Does your child have any pets in the home? **YES** **NO**

Type_____Name _____

What Makes your child angry/ upset / sad? _____

Is there anything that helps him/ her feel better? _____

_____

Is there anything else we should know to help ease your child's transition to Miss Marty's Pre-School?

_____

_____

_____

_____

_____

Parent/ Guardian Signature_____ Date:_____

Parent/ Guardian Name (Printed)_____

Review by (Teacher)_____ Date_____