



Little River

Getting to Know You form

Child Development Center

Here at Little River CDC, we love to form personal relationships with each of our students and their family. Please fill out this brief form so that our staff can better prepare for your child's arrival. Thank you!!!

Child's Name _____

Date of Birth _____

Favorite Foods: _____

Least Favorite Foods: _____

Nap Time Routines: _____

Fears and Anxieties: _____

Favorite Toys and Activities: _____

Preferred Methods of Discipline: _____

Bathroom or Diaper Routine (Please use any words you use with your child during this time.): _____

Ways of Expressing Anger and Frustration: _____

Typical Methods of Comforting Your Child: _____

Please let us know of any unique family situations or any information that we should be aware of: _____

