



Get Acquainted Record

My nickname is _____ :

I have _____ brothers & _____ sisters, their names and ages are: _____

My favorite activity is _____ :

My favorite food is _____ :

My favorite person is _____ :

My favorite toy is _____ :

I am afraid of _____ :

I can do all these things by myself : _____

Has your child had previous day care experience? Yes No

Please list prior nursery/day care centre : _____

Does your child eat independently ? Yes No

Please specify if your child has any food allergies : _____

Is your child toilet trained? Yes No

Please list any personal habits and/or specific words used to describe bodily functions or objects: _____

