

# Linda's Little Laboratory Childcare

Where we care about your Childs need to explore!

## Get Acquainted Form

My nickname is: \_\_\_\_\_

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

\_\_\_\_\_

My favorite activity is: \_\_\_\_\_

My favorite food is: \_\_\_\_\_

My least favorite food is: \_\_\_\_\_

My favorite person is: \_\_\_\_\_

My favorite toy is: \_\_\_\_\_

I am afraid of: \_\_\_\_\_

I can do all these things by myself:

\_\_\_\_\_

Why are you looking for a new child care arrangement? \_\_\_\_\_

\_\_\_\_\_

Has your child had previous day care experience? \_\_\_\_\_

Please list prior caregivers and/or day care centers:

---

---

Describe these experiences: \_\_\_\_\_

---

What type of discipline is used at home? \_\_\_\_\_

---

Does your child eat unaided? \_\_\_\_\_ Does he/she enjoy eating? \_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_

Due to your child's tastes, allergies, reactions, and/or religious beliefs,  
are there any foods which should not be served to your child? \_\_\_\_\_

---

---

Please list these foods: \_\_\_\_\_

How does your child go to sleep? \_\_\_\_\_

---

Are there any special dolls or toys he/she needs in order to go to sleep? \_\_\_\_\_

What is the usual time and length of naps taken each day? \_\_\_\_\_

How long does he/she usually sleep at night? \_\_\_\_\_

Please list any personal habits, thumb sucking, nail biting, etc.

and/or specific words used to describe bodily functions or objects:

---

---

---

What are your main expectations of this childcare experience?

---

---

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_