



**Montgomery
Child Care
Association**

Our goal is to make your child's transition into our program as smooth as possible. The following form provides your child's teachers with some general information to get to know them before they start. Please complete this form and return it with your other registration forms before your child starts.

All about: _____ **Date of Birth:** _____

Parent(s)/Guardian(s) names: _____

THINGS MY CHILD DOES WELL

Current accomplishments and milestones:

WHAT MY CHILD LIKES AND DISLIKES

Favorite foods, toys, activities, interests:

Things my child does not like:

THINGS I AM WORKING ON WITH MY CHILD

Current goals, challenges, frustrations (toilet training, eating, routines etc...)

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES

MY CHILD HAS DIFFICULTY WITH THESE THINGS...

What helps my child when he/she is upset:

WHAT SPECIAL ADAPTATIONS ARE NEEDED TO SUPPORT MY CHILD

Does your child utilize a wheel chair, daily medication, adaptive devices, other?

THINGS MY CHILD MIGHT NEED HELP WITH...

Your expectations of the program and teachers:

Recent family changes or stressors, fears and/or anxieties:

HOME ENVIRONMENT

What languages other than English are spoken at home?

Who lives in your home? (mom, dad, siblings, grandparent, dog etc...)

PREVIOUS CHILD CARE EXPERIENCE

Has your child been in child care before?

What is your reason for changing programs?

How does your child feel about coming to a new program?

OTHER INFORMATION WOULD YOU LIKE US TO KNOW