

## GET ACQUAINTED FORM

You can help us get acquainted with your child must faster by filling in the information below:

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's nickname: \_\_\_\_\_

Names and Ages of Brothers: \_\_\_\_\_

Names and Ages of Sisters: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Pets at Home and Names: \_\_\_\_\_

Hour of Bedtime: \_\_\_\_\_ Take a nap? \_\_\_\_\_

Favorite Pastime: \_\_\_\_\_

High or Low Energy Level: \_\_\_\_\_

Prefer Quiet or Active Play: \_\_\_\_\_ Talkative or Quiet: \_\_\_\_\_

Favorite Toy: \_\_\_\_\_

Hours of TV Daily: \_\_\_\_\_ Favorite Programs: \_\_\_\_\_

Does He/She color at home? \_\_\_\_\_ Paint? \_\_\_\_\_ Use scissors? \_\_\_\_\_ Glue? \_\_\_\_\_

Favorite Activity with Father: \_\_\_\_\_

Favorite Activity with Mother: \_\_\_\_\_

What method of discipline do you use? \_\_\_\_\_

Any fears? \_\_\_\_\_ Allergies? \_\_\_\_\_

Right or Left handed: \_\_\_\_\_ Noticable speech problems? \_\_\_\_\_

Word used for urinating: \_\_\_\_\_ Bowel movements: \_\_\_\_\_

Father's profession: \_\_\_\_\_ Mother's Profession: \_\_\_\_\_

One or Two Parents family: \_\_\_\_\_ Mom or Dad: \_\_\_\_\_

Any other adult family members part of the household? \_\_\_\_\_

Any other comments of interest: \_\_\_\_\_

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