Trinity Christian Academy

1400 Buck Road Holland Pa 18966 Telephone:267-685-0216 Fax: 267-364-5348 TCAcademy1400@gmail.com **Kristen L. Domico, Director**

"GETTING TO KNOW YOU"

Child's Name: ______
Enrollment Date: _____

- 1. Tell me about your household. (Neighborhood, who lives there, names, and relationship to child)?
- 2. Does your child have any parents that do not live in the home?
- 3. Does your child visit this parent?
- 4. Are there any custody issues that we should discuss?
- 5. Does your child have any siblings (names and ages)?

- 6. Does your child have any special needs and do any of these special needs require special care by our teachers?
- 7. Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)?

Note: If yes, we would like a copy of the plan, so we can provide the best possible learning experience for your child.

- 8. What program or individuals work with your child in regards to these special needs? Would you sign a release of information form with them, so they can speak with us about how to provide enhanced support to your child?
- 9. Does your child have any allergies?
- 10. Food Allergies?
- 11. Environmental Allergies?
- 12. Allergies to any medicines?
- 13. How are your child's allergies treated?

- 14. Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?
- 15. Any other medical or special needs?
- 16. Describe your child's schedule:

- 17. Normal bedtime, waking time, nap time, and duration?
- 18. Meal times?
- 19. Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, and/or school)?

- 20. Regarding toilet habits, what words does your family use for bowel movements and urination?
- 21. Any special terminology for private parts?
- 22. Is your child toilet trained?
- 23. Does your child need to be reminded to go to the toilet during waking hours?
- 24. Other required DPW (or other agency) required forms and signatures will be used in conjunction with some of these questions. Is there information that will help us make the first few days in our program easier for your child?

25. Is there other information you would like to share?