

**Manning Regional Child Care Association**

**Manning Out of School Care Program**

**GETTING TO KNOW YOU & YOUR CHILD**

1. What is your occupation?

Mother \_\_\_\_\_

Father \_\_\_\_\_

2. Where were you and your spouse born and what is your cultural or ethnic background?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you speak another language? Mother  Yes  No Father  Yes  No

Child  Yes  No Which language \_\_\_\_\_

4. And if so would you like to come and share with the children?  Yes  No

5. Are there any cultural or special days you celebrate that we could add into our program?

\_\_\_\_\_

\_\_\_\_\_

6. Please share with us, your child's likes and dislikes:

Favorite color \_\_\_\_\_

Favorite book \_\_\_\_\_

Favorite food \_\_\_\_\_

Favorite sport/activities \_\_\_\_\_

Favorite place to go \_\_\_\_\_

Favorite music \_\_\_\_\_

7. Describe your child's personality \_\_\_\_\_

\_\_\_\_\_

8. Siblings name and ages: \_\_\_\_\_

9. Pets name and breed \_\_\_\_\_

10. Is Separation Anxiety an issue for your child?  Yes  No

11. Is there anything else you would like to share regarding your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date