



Land of Children Child Care & Private School,  
After School & Summer Camp

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## We Would Like To Get To Know You...

<b>Child's Name:</b>	<b>Date of Birth:</b>
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**Parents'/Guardians' Names:** \_\_\_\_\_

❖ **How did you hear about Land of Children?**

- Referred by a friend
- Newspaper
- Internet Search (Google)
- Poster/Mail Advertisement
- Other \_\_\_\_\_

❖ **Please List Previous Schools attended:**

\_\_\_\_\_

❖ **What is the primary language spoken at home?** \_\_\_\_\_

❖ **Which would you say describes your child?** (Circle all that are applicable)

- \* Quiet   \* Active   \* Emotional   \* Loving   \* Anxious   \* Aggressive   \* Shy   \* Upset by failure
- \* Prone to Temper Tantrums   \* Creative   \* Sensitive   \* Overactive   \* Withdrawn   \* Leader
- \* Impulsive/No fear of danger   \* Behavioral problems at home   \* Follower   \* Independent

❖ **Other descriptions of your child's personality** \_\_\_\_\_

❖ **What is your child's favorite toy or activity?** \_\_\_\_\_

❖ **Does your child...?**

- Have a good relationship with his/her siblings? \_\_\_\_\_
- Relate to other children? Older? Younger? Same age? \_\_\_\_\_
- Have any unusual fears? If yes, describe \_\_\_\_\_

❖ **What are your child's strengths?** \_\_\_\_\_

\_\_\_\_\_

❖ **What are your child's weaknesses?** \_\_\_\_\_

\_\_\_\_\_

❖ Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

❖ Circle the areas in which your child needs further development:

\* Language \* Literacy (Reading)(Writing)(Spelling) \* Mathematics \* Social Studies \* Science

\* Art \* Music \* Comprehension \* Problem Solving \* Discipline \* Following Directions

\* Other \_\_\_\_\_

❖ Has your child been recommended for evaluation? YES  NO

If yes, which services:

\_\_\_\_\_

❖ Is the child currently receiving services? YES  NO

If yes, which services is your child receiving:

\_\_\_\_\_

❖ Please describe your child at home. Include any special talents, interests, and any other information you would like to provide:

\_\_\_\_\_

\_\_\_\_\_

**This section is to be filled out by the teacher/director during the "Getting to Know You" Meeting**

**Getting to Know You Meeting Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Enrollment Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Meeting Date**

**Getting to Know You Meeting attendees:**

Parent's/Guardian's Signature: \_\_\_\_\_

Teacher's/Director's Signature: \_\_\_\_\_

**"Getting to Know You" Meeting was refused by the parent:**

(if applicable)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_