Enrollment Meeting: Gettin	ng to Know You and Your Child	
Child's name:	Nickname?	
	Nickname you do not like?	
Birthdate:	Start Date:	
Email address:		
Name(s) that parents would	d like to be called by staff members of child care center: first	
name or Mr./Mrs./Ms.		
Has your child been in chil Who has watched your chil Do you think your child wi		
Family composition with n	ames:	
Name any/all people and community stakeholders who have cared for your child or influenced the development of your child in the past? To compliment this meeting, would you like us to contact and meet any of these stakeholders for your child's benefit?		
Are there any people in you pick up your child that are	ur life or your child's life that we should fear may attempt to	
pick up your clind that are	not aumorized:	
Does your child have any k	known allergies?	
Does your child have acute	e fears?	
What are your child's favo	rite activities/toys?	
Emerging literacy/words?		
Nap? Pao	cifier/Bed/Crib	
What are your expectations	s of The Center?	
I will be able to read and understand the complete Parent Handbook (circle one) ON-LINE / IN PRINT You may post and share this information with staff members.		
i ou may post and snare th	is information with staff members.	
Parent Permission		
Director Signature		
Date of meeting		
<i>2</i>	_	

Request For IEP/IFSP

	ame
	d's growth and development is measured with developmental
	nts. If your child currently has an IEP/IFSP, it would be beneficial
	copy of this plan with us so we can work together to ensure that
_	lines are put into practice. You do not have to provide this
informati	on if you do not wish to do so.
	Vos I will show a convert my shild's IED/IESD
	Yes, I will share a copy of my child's IEP/IFSP
	No, I would not like to share a copy of my child's IEP/IFSP
and/or thi	s is not applicable to my child.
••••• •••••	s is not approved to my emiliar
Signature	·
C	
Date:	Printed
Name:	