

*Steps to Success, Inc.*  
*56 Hillcrest Avenue*  
*Leola, Pa 17540*  
*(717) 656-3363*  
*StepsToSuccessInc.com*

Getting to Know You & Your Child

**Child's Name** \_\_\_\_\_ **Date of Enrollment** \_\_\_\_\_  
Nickname (if applicable)

Tell us about ...  
your child's food likes & dislikes.

your child's favorite toys and games.

your child's imaginary friends.

your child's fears or special problems.

your child's nervous habits.

your child's daily schedule. (Bedtime, naptime, meals, etc)

Does your child have any special needs that require special care from our staff?

Any additional information that might be helpful in understanding your child.

Names and ages of child's brother(s) and sister(s)

Please complete the other side of this page.

**Parent/Guardian(s) Name(s)** \_\_\_\_\_

What are your expectations of our program?

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

Would you and/or your family like to be a resource for any cultural awareness activities?

Are you willing to be a volunteer in our classroom?

What times are best for us to reach you and for you to come in for parent conferences?

What is behavior modification and/or discipline is used at home?

What are your hopes/dreams for your child?

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you.