

Getting to Know You Form

It is our goal at Risen Christ Christian Academy CDC to form personal relationships with each of our students and their family. Please fill out and return this brief form so that our staff can better prepare for your child's arrival.

Child's Name _____ Date of Birth _____

Favorite Foods: _____

Food Allergies: _____

Additional Allergies: _____

Nap Time Routines: _____

Fears and Anxieties: _____

Favorite Toys and Activities: _____

Typical Methods of Discipline Used at Home: _____

Bathroom or Diaper Routine (please share any special words you use with your child during this time):

Typical Ways of Expressing Anger and Frustration: _____

Methods for Comforting Your Child: _____

Please let us know of any unique family situations or additional information that we should be aware of: _____