



Welcome to Montgomery Child Care Association, our goal is to make your child's transition into our program as smooth as possible. The following form provides your child's teachers with some general information to get to know your child. Please complete this form and return it with your other registration forms before your child starts.

All about: _____ Date of Birth: _____

Parent(s)/Guardian(s) names: _____

THINGS YOUR CHILD DOES WELL

Current accomplishments and milestones:

YOUR CHILD'S LIKES AND DISLIKES

Favorite foods, toys, activities, interests:

Things my child does not like:

AREAS YOUR CHILD IS WORKING ON

Current goals, challenges, frustrations (toilet training, eating, routines etc...)

What helps my child when he/she is upset:

What language(s) does your child speak?

WHAT ACCOMODATIONS ARE BEING REQUESTED TO SUPPORT YOUR CHILD

Are there any other accommodations you feel your child will need in our program?

Does your child have an IEP/IFSP? Yes____ No____
If yes, please provide a copy so that we can work together to meet your child's needs.

TRANSITIONING TO THE PROGRAM

What are your expectations of the program and teachers?

Has your child been in child care before? Yes___ No___

How does your child feel about coming to a new program?

OTHER INFORMATION WOULD YOU LIKE US TO KNOW