

**Praise Kidz Korner Child Development Center, LLC.  
2227 E Cumberland Street Unit 1  
Philadelphia, PA 19125**

**Meeting Request**

Child's Name \_\_\_\_\_

Enrollment Date \_\_\_\_\_

\_\_\_\_\_ Yes, would like to have a "Getting to Know You" meeting with my child's teacher(s). During this meeting we will review your child's 45 day observation and answer any questions that you may have. This meeting must be held within 60 days of enrollment.

Choice #1 Day \_\_\_\_\_

Time \_\_\_\_\_

Choice #2 Day \_\_\_\_\_

Time \_\_\_\_\_

\_\_\_\_\_ No, I would not like to have a "Getting to Know You" meeting, therefore I will complete the attached child questionnaire and sign that I have received a copy of my child 45 day observation. This must be returned by

\_\_\_\_\_.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(To be completed at meeting. These notes become part of the child's record).

Meeting Date: \_\_\_\_\_

Meeting Notes:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Teacher Signature