

CHILD INFORMATION FORM

(Parents of school age children need not fill out this form)



Chatting with very young children about people, animals, or activities they love is a very helpful way for us to get to know them and to make it easier for them to settle in. Please give us some information that will give us some good conversation starters! For infants and toddlers, it is useful for us to know their present feeding and sleeping patterns.

Child's name Date of Birth

Scheduled days to attend

Mother's name Father's name.....

Names and ages of brothers and/or sisters

.....

Favorite relatives or friends

Names of pets

Favorite games or activities

Favorite toy

Has your child been cared for by anyone other than parents?

Has your child been in a child care center before?

Does your child use the restroom independently?

Does your child take a nap? For how long? At what time(s)?

Does your child have formula?..... How often?..... How much?

Does your child eat solid foods?

Does your child dislike any particular foods?

Does your child have any special fears?

Does your child require any special medical care?

Does your child have any allergies?

Does your child have any visual, hearing, or speech difficulties?

Parent signature..... Date.....