



Getting to Know You!

Child's Name _____ Birthday _____ Nickname _____

I have _____ brothers and _____ sisters. Their names and ages are

_____.

How would you describe your child's personality? _____

Has your child been in child care before? _____ Yes _____ No

If yes, when? _____

Does your child have a regular bedtime schedule? ____Yes ____No

What time does your child usually go to bed at night? _____

What time does he/she wake in the morning? _____

Does your child take naps during the day? ____Yes ____No

If yes what time(s)? _____ Does your child have trouble sleeping?

_____ Night terrors? _____ Trouble going to sleep? _____

Other? _____

Are there any special dolls, blankets, etc. that your child needs to go to sleep?

Does your child have any known health problems? ____Yes ____No

If yes, please describe in detail _____

Does your child have any known allergies? ____Yes ____No

If yes, please list _____

Special instructions in case of an allergic reaction: _____

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches, sore throats, nosebleeds or other? _____

Are there any indications of hearing or vision problems ____Yes ____No
Has your child had any recent illnesses? _____Yes ____No
If yes, please describe: _____

Is your child fully potty trained? ____Yes ____ No If in training, what specific things would you like to see us do to help in the process? _____

What are your child's eating habits? (likes to try new things, level of appetite throughout the day, etc.) _____

Does your child eat unaided? _____Yes ____ No

Are there foods that your child should not eat due to child's tastes, allergies, reactions and/or religious beliefs? _____Yes ____ No
If yes, please list: _____

What are some of your child's favorite foods? _____

Strong dislikes? _____

How do you "reward" your child/"discipline" your child at home? _____

Any other information you would like to share with us? _____

