

**CHILD INFORMATION SHEET**

Child Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Home Language: \_\_\_\_\_

Who lives in your household? (What is their relationship to the child?) \_\_\_\_\_

\_\_\_\_\_

Are there any special custody arrangements that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your family have any pets? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been in child care or care outside the home? Explain. \_\_\_\_\_

\_\_\_\_\_

Do you have your child's records from the other program? \_\_\_\_\_

How do you think your child will do on the first day of care? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special toys or other toy to help him/her self-soothe? (Explain) \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears? (Explain) \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? If so, how severe and how do we prevent/treat? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs? (medical, developmental, social, mental health) \_\_\_\_\_

\_\_\_\_\_

If yes, are there any special care instructions for the teachers? Is there an IEP (Individualized Education Plan) or ISFP? If so could we have a copy of it to keep on file with your Childs teacher? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your Childs sleep schedule like? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained? What is your Childs bathroom routine? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your Childs favorite toy, game and food? \_\_\_\_\_  
\_\_\_\_\_

Are there any special ways that your child communicates that would help us throughout the day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any questions about the parent handbook, curriculum, facility, or our program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any outside agencies, schools or organizations which have had an impact on your child and your family? If so, please list and explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information that we should know to provide the best quality care for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is an email address for us to keep on file? \_\_\_\_\_

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