

CHILD INFORMATION SHEET

Child Name: _____ Nickname: _____

Birthdate: _____ Age: _____ Home Language: _____

Was your child premature? _YES / NO _____ If so, how early? _____

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 childcare 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? Nighttime and naptime. _____

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 are your child's strengths and weaknesses? _____

Is there anything outside our setting that may affect your child's behavior? _____

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

Parent Signature: _____ Date: _____