

Child information form

"it's all about me"

Child's Name _____ Nick name _____ Age _____

Birthday _____ Address _____

Phone # _____

Mother's name _____ Father's name _____

Name & Age of brothers & sisters _____

Has child ever been cared for by anyone other than parents (please explain) _____

Has your child previously attended a daycare center? _____

Does your child adapt well to transitions? _____

Does your child use the restroom independently? _____

Does your child need help dressing or undressing: _____

Does your child take a nap? _____

Does your child have any special fears? _____

Does your child dislike any particular foods? _____

Does your child need any special medical care? (Please explain) _____

Does your child have any allergies? _____

Does your child have a history of physical impairments? _____

Visual impairments? _____ Speech problems? _____

Hearing impairments? _____ Current prescribed medications? _____

Doctor _____ Doctor's phone # _____

Has your child experienced any negative school experience? (please explain) _____

Play experiences

Favorite games _____

Favorite toys _____

Favorite friends _____

Outdoor activities _____

Favorite books _____

Favorite TV show _____

Other comments (important information you would like to share) _____

Thank you!