

Child Information Sheet for: _____ Date: _____

Please list any likes or dislikes that your child has:

Please explain your child's eating habits and meal schedule:

Please explain your child's sleeping habits and nap/bedtime schedule:

Has child had previous experience away from home? Yes No if yes explain:

Are your child's immunizations up to date? Yes No if no please explain:

Does child have any known health problems? Yes No if yes please explain:

Does your child have any known allergies? Yes No if yes please list allergy and precautions:

Does your child have and dietary restrictions/special diet?

Does your child take any medication on a regular basis? Yes No if yes please list the name of the medication(s) and the medical condition for which it is taken:

What are you child's favorite activities?

When your child is upset how are they best comforted?

How do you discipline your child at home?

How would you describe your child's personality/temperament?

Any other special information provider should be aware of:

If needed continue on other side.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____