

About Your Child

1. What FOODS does your child especially like? _____

2. Especially DISLIKE? _____

3. Favorite toys, games, activities? _____

4. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____

5. How does your child express ANGER or frustration? _____

6. Does your child have any special FEARS? _____

Explain _____

7. When your child is upset, what helps to COMFORT him/her? _____

8. How do you DISCIPLINE your child? _____

9. Has your child been taking an afternoon NAP? _____ If so, how long? _____

If not, why? _____

10 . Special toy or blanket for NAP? _____

11. Special FAMILY situations? (such as custody specifications, problems arising from situations, etc.)

12. Anticipated ADJUSTMENT problems? _____

13. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

14. Previous childcare child has attended: _____

15. Any problems at previous daycares? _____

16. Other COMMENTS? _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____