

All About Your Child

Child's name _____ D.O.B. _____ Gender _____

Usual bedtime? _____ Usual wake up time? _____

Usual naptime? _____ If so how long? _____

Any bed wetting? _____ If so how often? _____

How old will your child be, on his/her start date? _____

How would you best describe your child's speech? _____

What language(s) is spoken at home? _____

What language(s) does your child understand? _____

What special interest does your child have? _____

What does your child least like to do? _____

How does your child usually interact with friends/siblings? _____

Has your child attended Daycare/ Pre-school before? _____

If so, how long? _____

Do you expect your child to experience any initial separation problem?

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How would you best describe your child's personality? _____

What does your child do when he she is upset or frustrated? _____

How do you discipline your child? _____

Are there any behavioral issues we should be aware of? _____

Eating Habits

How would you best describe your child's eating habits? _____

What foods does your child like least/best? _____

Are there any foods or liquids your child cannot have? _____

Health Issues

Is your child currently taking any long term medications? _____

Does your child have any Allergies?(Food or indoor/outdoor) _____

Does your child have any allergies to medication? _____

Does your child have any health issues? _____

Parent information

Parent's marital status? _____

If parents are separated, who has custody? _____

Are there any custody issues we should be aware of? _____

Names of relationship of other adults/children living in the home: _____
