ABOUT MY CHILD

To help me get to know your child a bit quicker, please supply me with the following information:

Child's Name: ______________________________________________________

Nickname: ________________________________________________________

**Personality Traits**  (Circle all traits that best describe your child.)

- Happy
- Shy
- Leader
- Stubborn
- Funny
- Determined
- Kind
- Silly
- Patient

- Outgoing
- Rude
- Adventurous
- Cooperative
- Clingy
- Energetic
- Mean

- Follower
- Quiet
- Persistent
- Considerate
- Selfish
- Active
- Impatient

- Affectionate
- Disrespectful
- Advanced
- Wild
- Cheerful
- Bossy
- Fidgety

**Favorite Activities**

Favorite thing to do indoors: __________________________________________

Favorite thing to do outdoors: _________________________________________

Does he/she like to read:  Yes _____ No _____

Does he/she like to make crafts: Yes _____ No _____

Does he/she like to be outdoors: Yes _____ No _____

Does he/she play well with other children: Yes _____ No _____

**Eating Habits**

Favorite Food(s): ____________________________________________________

Things he/she refuses to eat: __________________________________________

What are your mealtime rules at home? i.e.: must try a bit of everything, don't eat if you don't want to, etc. ________________________________________________________________

_____________________________________________________________
Sleep Habits
Normal time to wake in the morning: ________ a.m.
Normal bedtime: ________ p.m.
Naptime(s) when at home: ________ to ________.
________ to ________.
Does he/she sleep with a blanket, doll and/or stuffed animal? ______________________

Rules/Discipline
Do you reward your child for positive behavior? Yes ______  No ______
Do you discipline child for negative behavior? Yes ______  No ______
   If yes, form of discipline: ______________________________________________________

Daycare History
Has he/she previously been in daycare?  Yes ______  No ______
If yes, reason for leaving the daycare: ________________________________________________
______________________________________________________________________________
What did you like about previous daycare? ________________________________
______________________________________________________________________________
What did you dislike about previous daycare? ______________________________
______________________________________________________________________________

Toilet Training
Is he/she toilet trained?     Yes ______       No ______
If no, what are future plans: ______________________________________________________
______________________________________________________________________________

Comments/Concerns
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________