

All about Your Child

Child's full name: _____ Nickname: _____

I have ___ brother(s) and ___ sister(s).

Sibling

Age

Sibling	Age

Has your child been in daycare before? Yes ___ No ___

If yes, name of the center: _____

Center address/ Phone number: _____

Dates at center: _____

Reason for daycare switch: _____

Eating

Does your child have any food allergies? _____ If yes, please list the foods: _____

Does your child have a special diet? _____ If yes, please explain restrictions or guidelines: _____

Does your child eat independently? _____

What are your child's favorite foods? _____

Does your child need: bottle sippy cup high chair (please circle)

Sleeping Habits

What time does your child usually go to bed in the evening? _____

What time does your child usually wake up in the morning? _____

Does your child take naps? _____ If yes, what times? _____

Are there any routines that help your child nap (blanket, pacifier, etc.)

Behavior

Explain your discipline system at home: _____

What rewards do you use for your child? _____

What consequences work well with your child? _____

Please share anything else you think we should know about your child:
