



### Child's Historical Information

All the information provided on this form is requested so that we get to know our child and help with the adjustment period.

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

1. Please check all the words that best describe your child:

<input type="checkbox"/>	Calm	<input type="checkbox"/>	Loud	<input type="checkbox"/>	Destructive	<input type="checkbox"/>	Easily angered	<input type="checkbox"/>	Bright
<input type="checkbox"/>	Cheerful	<input type="checkbox"/>	Active	<input type="checkbox"/>	Temper Tantrums	<input type="checkbox"/>	Gives in easily	<input type="checkbox"/>	Excitable
<input type="checkbox"/>	Curious	<input type="checkbox"/>	Busy	<input type="checkbox"/>	Shares well	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>	Sensitive
<input type="checkbox"/>	Slow learner	<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Centered	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	
<input type="checkbox"/>	Shy	<input type="checkbox"/>	Jealous	<input type="checkbox"/>	Happy	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	

2. What foods does your child like?

3. What foods does your child dislike?

4. What makes your child mad or upset?

5. How well does your child get along with other children?

6. What do you find is the best way of handling your child?

7. Are there any "family" rules we should be aware of?

8. What is your child's favorite toys, games or activities?

9. Is your child toilet trained? ( ) Yes ( ) No

What words does your child use for toilet \_\_\_\_\_

10. How does your child express anger or frustration?

\_\_\_\_\_

11. Does your child have any special fears? ( ) Yes ( ) No

Explain: \_\_\_\_\_

12. When your child is upset, what helps to comfort him/her?

\_\_\_\_\_

13. How do you discipline your child? Explain:

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14. Has your child been taking an afternoon nap? ( ) Yes ( ) No If so, how long? \_\_\_\_\_

If not, explain why? \_\_\_\_\_

15. Does your child have a special toy or blanket for nap? ( ) Yes ( ) No

If so, what is it? \_\_\_\_\_

16. Are there any special family situations? (Such as custody specifications, problems arising from situations etc. ) ( ) Yes ( ) No

If so, explain: \_\_\_\_\_

17. Anticipated adjustment problems? ( ) Yes ( ) No

If so, explain: \_\_\_\_\_

18. Any disorders/developmental (slow, advanced) diagnosed or suspected? ( ) Yes ( ) No

if so, explain: \_\_\_\_\_

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19. Has the child ever attended previous childcare? ( ) Yes ( ) No

20. Any problems at the previous daycare? ( ) Yes ( ) No

if so explain: \_\_\_\_\_

21. Expectations of home daycare:

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22. Any special concerns or comments?

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