Food Allergy/Sensibility/Food preference Consent

Child's Name: _____   Birth date: _____

Mother's Name: _____

Father's Name: _____

Allergy/Sensitivity

1. _____
2. _____
3. _____

I give my permission for the provider to post my child's information in the classroom in a location that is accessible to all staff. I understand that this location may be visible to other families.

_____   _____   _____

Parent's name   Parent's signature   Date

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

	Calm		Loud		Destructive		Easily angered		Bright
	Cheerful		Active		Temper Tantrums		Gives in easily		Excitable
	Curious		Busy		Shares well		Hyperactive		Sensitive
	Slow learner		Quiet		Centered		Other: _____		
	Shy		Jealous		Happy		Other: _____		

5. What foods does your child like?

6. What foods does your child dislike?
7. What makes your child mad or upset?
8. How well does your child get along with other children?
9. What do you find is the best way of handling your child?
10. Are there any "family" rules we should be aware of?
11. What is your child's favorite toys, games or activities?
12. Is your child toilet trained?   ( ) Yes   ( ) No
    What words does your child use for toilet   _____
13. How does your child express anger or frustration?

    _____
    _____

14. Does your child have any special fears?   ( ) Yes   ( ) No
    Explain: _____
15. When your child is upset, what helps to comfort him/her?

    _____
    _____

16. How do you discipline your child? Explain:

    _____
    _____

17. Has your child been taking an afternoon nap?   ( ) Yes   ( ) No If so, how long? _____
    If not, explain why? _____
18. Does your child have a special toy or blanket for nap?   ( ) Yes   ( ) No
    If so, what is it?   _____
19. Are there any special family situations? (Such as custody specifications, problems arising from
    situations etc.)   ( ) Yes   ( ) No
    If so, explain: _____
20. Anticipated adjustment problems?   ( ) Yes   ( ) No
    If so, explain: _____
21. Any disorders/developmental (slow, advanced) diagnosed or suspected?   ( ) Yes   ( ) No
    if so, explain:

    _____
    _____

22. Has the child ever attended previous childcare?   ( ) Yes   ( ) No
23. Any problems at the previous daycare?   ( ) Yes   ( ) No
    if so explain: _____
24. Expectations of home daycare:

    _____
    _____
    _____

25. Any special concerns or comments?

    _____
    _____
    _____