

# ALL ABOUT YOUR CHILD

Kite Family  
DAYCARE 

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

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

Desired days \_\_\_\_\_ Desired Hours \_\_\_\_\_

Siblings name \_\_\_\_\_ Siblings age \_\_\_\_\_

Siblings name \_\_\_\_\_ Siblings age \_\_\_\_\_

## Favorite's

Snack \_\_\_\_\_ Toy \_\_\_\_\_ Color \_\_\_\_\_

TV show, Movie \_\_\_\_\_

Walks ☐ Yes ☐ No

Crawls ☐ Yes ☐ No

Talks ☐ Yes ☐ No

## Eating habits

Does your child have a special diet? ☐ Yes ☐ No

Are there any foods that should not be served to your child? Please list the food and the reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your child's favorite foods \_\_\_\_\_

Least favorite \_\_\_\_\_

Does your child eat independently? ☐ Yes ☐ No

For infants, what brand of formula do you use?

\_\_\_\_\_

Does your child require

- ☐ Bottle ☐ High chair  
☐ Sippy cup ☐ Booster seat  
☐ Pacifier

## Sleeping habits

Does your child have regular bedtime schedule?

☐ Yes ☐ No

What time does your child nap?

\_\_\_\_\_

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

\_\_\_\_\_

What time does your child usually go to bed at night?

\_\_\_\_\_

## Important Notes