



Child Information Form

Child's Name: _____ DOB: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Chronic Illness: _____

Any known allergies? (Asthma, hay fever, insect bites, medicines, food, etc.): _____

Is your child toilet trained? _____

What words does your child use for toilet? _____

Are any medications given regularly? _____

Child's favorite toys, activities, etc.: _____

Favorite foods: _____

Briefly describe your child's behavior: _____

What makes your child mad or upset? _____

How does your child show feelings? _____

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

How do you discipline your child? _____

Any disorders/developmental diagnosed or suspected? _____

Any special needs required for your child? _____

Special family situations? (e.g. custody specifications, problems arising from situations, etc.) _____

Anticipated adjustment problems? _____

Has your child been taking an afternoon nap? _____

If so, how long? _____

If not, why no nap? _____

Special toy or blanket for nap time? _____

Name of previous daycare provider/center: _____

Reason for leaving previous daycare setting: _____

Other comments: _____

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/ Guardian Signature: _____ Date: _____

Mother/ Guardian Signature: _____ Date: _____