

Welcome to Dall'Inizio DaySchool – Tell Us About Your Child



Child's Full Name: _____

Nickname: _____

Date of Birth: _____

Does your child have siblings? _____ brother(s) and _____ sister(s).

Their names and ages _____

Do you have any pets? _____

Play and Social Interaction:

How Would You Describe Your Child's Personality?

Has your child been in daycare before? If yes, name of provider or center: _____

How does your child adjust to new situations and activities?

Who is your child's current caretaker during the day?

How long can your child amuse him/herself?

How does your child communicate? (crying, pointing, phrases, sentences):

Can others understand your child's method of communication?

Is your child afraid of: _____strangers _____ new situations _____ animals

List any other fears:

What are your child's favorite toys and activities?

How does your child react to sharing his/her toys?

How does your child express anger?

How do you and your family spend time together?

Eating Habits:

Does your child have a special diet or are there any foods that should not be served to your child?

Your child's favorite foods:

Least favorite foods:

Does your child eat independently? YES _____ NO _____

Does your child use a: regular cup or sippy cup (please circle)

Sleeping Habits:

Does your child have a regular bedtime schedule? YES _____ NO _____

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





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

Does your child take naps and for how long?

Does your child have any problems getting to sleep or staying asleep? If yes, explain:

What is your child's disposition upon waking up?

Toilet Training:

Is your child able to use the toilet independently?

Child wears: diapers ___ all day ___ diapers while sleeping only or ___ underpants all day

Training process: ___ bowel control ___ bladder control

Does your child ask to go to the bathroom?

What phrases/words do you use for urinating?

What phrases/words do you use for bowel movements?

If toilet training is in process, please describe routines/methods you use:

Health Concerns:

Does your child have any known health concerns? If yes, please describe:

Does your child take any medications on a regular basis? If yes, list the medication(s), dosage, and how often taken:

Are there any hearing or vision problems? If yes please describe

Does your child have any known allergies? If yes, please list allergy and how it is dealt with:

Does your child suffer from any of the following on a regular basis (check all that apply)?

___ Nosebleeds, ___ Headaches, ___ Sore Throats, ___ Stomachaches, ___ Runny Nose,
___ Seasonal Allergies, ___ Ear Infections, or Other: _____

Behavior:

How do you "reward" or "discipline" your child?

What are your expectations for your child at Dall'Inizio DaySchool?

Anything else about your child you feel we should know?

