



# Child Information Form



*Chatting with very young children about people, activities, or animals they love is a very helpful way for us to get to know them and to make it easier for them to settle in. Please give us some information that will give us some good conversation starters or that will help if your child seems to be having any kind of difficulty.*

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Name and ages of any siblings:

\_\_\_\_\_

Favorite relatives: \_\_\_\_\_

Pets: \_\_\_\_\_

Favorite games or activities: \_\_\_\_\_

Has your child been in a childcare center before? (If so, when?)      YES      NO

\_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ For how long? \_\_\_\_\_ What Time(s)? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child have any special medical needs or allergies (This information must be filled out on the enrollment form also)

\_\_\_\_\_

Does your family celebrate Holidays? \_\_\_\_\_

Any additional comments:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date