

All About Me

All the information provided on this form is requested so I can get to know your child and help the adjustment period go a little smoother. It will all be kept confidential.

Child's Name:

Birth date:

Your Child:

Please circle all the words that best describe your child: *calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, destructive, gives in easily, temper tantrums, jealous, shares well, hyperactive, bright, slow learner, busy, contented, other:*

How well does your child get along with other children?

Child's Favorite Games, Activities, Etc.:

What Makes Your Child Mad Or Upset:

What Do You Find Is The Best Way Of Handling Your Child:

Are there any "family" rules I should be aware of?

Any Special concerns or comments?

Eating Habits:

Favorite Foods:

Least Favorite Foods:

Day Care Experiences:

How many day cares has your child been in?

Reason for leaving last day care?

Any special concerns?

Medical Information:

List child's frequent illnesses:

Any Known Allergies? (Asthma, Hay Fever, Insect Bites, Medicines, Food, Etc.)

What communicable diseases has your child had? (chicken pox, measles, mumps)?

Are Any Medications Given Regularly?

Are there any special medical concerns I should know about?

Is there anything else you feel we should know about your child?
