

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.

Child's Name: _____

Birthdate: _____

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? _____

Name and Telephone number of last day care provider or center? _____

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? _____.