



INFORMATION ON CHILD

Name of child _____

Birth date _____ Age _____

Does your child sleep well? _____ nap time _____ nighttime

How many hours per night does your child sleep? _____

Does your child dress and undress him/herself? _____

What words does your child use when he/she needs to go to the bathroom? _____

What is your child's favorite play activity? _____

What is your child's favorite food? _____

Are there any foods that your child should not be allowed to eat for medical reasons or allergies? _____

Does your child have any special fears? _____

How does your child prefer to be comforted? _____

Does your child have any problems or special needs that the caregiver should be aware of? _____

Signature of Parent _____ Date _____

