



Child Care – Child Information Sheet

Child's Name: _____ Birthday: _____

Please list members of your child's household, relationship, and how your child refers to them.

Does your child have a favorite book, toy, activity, song, or pet?

Does your child use any words or expressions we may not understand?

How does your child prefer to be comforted? Does he/she comfort him/herself?

Does your child have any particular fears or dislikes?

Does your child have a special nap time or nap routine?

Has your child had exposure to groups of children before and how did they react?

Does your child have any allergies or other medical conditions we should be aware of?

Is there a current court order or order preventing anyone from seeing your child?

How do you respond to child behavior problems at home? (1-2-3, redirections, time-out, spankings, etc)

Is there anything else you would like us to know about your child?
