

ABOUT MY CHILD

Child's Name: _____

Nickname: _____

Personality Traits (Circle all traits that best describe your child.)

Happy Shy Leader Stubborn Funny Determined Kind Silly Patient Outgoing Rude Adventurous
Cooperative Clingy Energetic Mean Follower Quiet Persistent Considerate Selfish Active Impatient
Affectionate Disrespectful Advanced Wild Cheerful Bossy Fidgety

Favorite Activities _____

Least Favorite Activities: _____

Eating Habits Favorite Food(s): _____

Things he/she refuses to eat: _____

What are your mealtime rules at home? i.e.: must try a bit of everything, don't eat if you don't want to, etc. _____

Sleep Habits Normal time to wake in the morning: _____ a.m. Normal bedtime: _____ p.m.

Naptime(s) when at home: _____ to _____.

Does he/she sleep with a blanket, doll and/or stuffed animal? _____

Rules/Discipline Do you reward your child for positive behavior? Yes _____ No _____

Do you discipline child for negative behavior? Yes _____ No _____

If yes, form of discipline: _____

What did you like about previous daycare? _____

What did you dislike about previous daycare? _____

Toilet Training Is he/she toilet trained? Yes _____ No _____

Comments/Concerns _____