



CHILD INFORMATION SHEET

Child's Name _____ Birthday (Day/Mo/Yr) _____

Parent/Guardian's Names _____

Siblings' Names & Ages _____

Known Allergies _____

Favorite Foods _____

Play Habits _____

Bedtime Routines _____

Words or signs your child uses for the following:

Bathroom _____ Hurt _____ Hungry _____ Thirsty _____

Other information you wish to share: _____

Family's Cultural/Ethnic Heritage _____

Special Customs and Traditions _____

Primary Home Language _____ Other languages spoken at home (if any) _____

Is this your child's first experience in out-of-home care? _____ Please explain _____

What do you expect your child to learn/gain from our program? _____

Additional comments or information you'd like us to know about your child (preferred childrearing practices, etc.): _____

Parent's Name _____