

## CHILD INFORMATION SHEET

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Any concerns or complications with pregnancy or birth?

---

Please share any Siblings names and ages.

---

Other people living in the child's home:

---

Are there any other family members, friends or pets that it would be helpful for us to know about? (ex. Involved grandparent, babysitter, step-parent, etc)

---

Is there anything we should know about any family member that would help us work with your child better?

---

How does your child respond to new situations/people?

---

How is your child best comforted?

---

Does your child have any strong or unusual fears?

---

Is your child fully potty trained (including no diaper/pull-up at nap time)?    Yes    No

Please describe your child's appetite. Any concerns?

---

Have there been any recent changes or stressful events that would be helpful for us to know?

---

Does your child have any previous Daycare/Preschool experiences?    No    Yes. Tell us about it.

---

Are there any concerns you have about your child's development?    No    Yes. Please explain

---

Does your child have an IEP or IFSP plan?    No    In-Process    Yes – Provide copy at enrollment

Please list any medical or developmental concerns and current treatment:

---

Please list any allergies your child may have (food, medications, animal hair, bee stings, etc) and any special instructions for allergies: *\*All Allergies must have an accompanying Care Plan\**

---

All information on this form is given to the classroom teachers in order to provide the best care for your child. We encourage you to discuss with your child's teacher the individual goals for your child within your first 45 days of enrollment. Please write any additional comments or concerns you feel are important on the back of this form.

---

parent's signatures and date

---

parent's signature and date