

**Seabrook UMC Children's Day Out**

**Please Introduce Your Child**

Please note that this information is for the confidential use of the teachers who will be working with your child.

Child's full name \_\_\_\_\_ Name called \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_

Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Right or left handed? \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_ Email \_\_\_\_\_

Profession or field of interest (whether or not active) \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_ Email \_\_\_\_\_

Profession or field of interest (whether or not active) \_\_\_\_\_

Will someone else regularly pick up your child? Name \_\_\_\_\_ phone \_\_\_\_\_

**Home & Play Experiences**

Brothers and Sisters?

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Anyone else live in the home? \_\_\_\_\_

Describe your child's previous experiences in daycare, preschool, or play group \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family interests or hobbies \_\_\_\_\_

\_\_\_\_\_

Are there any significant family experiences (illness, loss, accidents, moves, etc) that have impacted your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behavior, Habits, and Health**

Does your child take a nap? \_\_\_\_\_ time/length \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ special lovey? \_\_\_\_\_

If newly toilet trained, how does your child tell you he/she needs to go? \_\_\_\_\_

Does your child have specific fears? \_\_\_\_\_

How do you help calm him/her? \_\_\_\_\_

Anything specific that causes your child to lose his/her temper? \_\_\_\_\_

How do you help calm him/her? \_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_

Your child's favorite foods \_\_\_\_\_

Foods your child does not like \_\_\_\_\_

Are there diagnosed or suspected difficulties in hearing, speech, or sight? \_\_\_\_\_

\_\_\_\_\_

Other developmental concerns? \_\_\_\_\_

Previous serious illness/injuries? \_\_\_\_\_

Does your child take medication regularly? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Any medical conditions we should be aware of? \_\_\_\_\_

Please describe your child's personality. Include any information that will help the staff to make your child feel welcome and comfortable. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What hopes or goals do you have for your child's experience at Children's Day Out? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_