

CHILD INFORMATION SHEET
St. John's Parents' Day Out/Preschool Program
"Let's Get Acquainted!"

Today's Date _____

Child's Name _____ Name commonly called _____ Birthdate _____

Does your child have any siblings? _____

If yes, what are their names and ages?

Does your child have any pets? _____

If yes, what kind/kinds and name/names of pets?

Does your child have any other caregivers? _____

If so, what are their first names/called by your child? _____

What are your child's favorite activities? _____

Favorite toys, books, games? _____

Does your child use any of the following at home? Crayons Scissors Pencils Markers Paints Playdough
(please circle)

What are your child's dislikes? _____

Does your child have any fears of which we need to be aware? _____

Besides possible separation anxiety, are there any other areas that create anxiety and suggestions for handling?

Are there any areas in which you anticipate difficulty for your child (sharing, following directions, etc.)

Does your child have any allergies or sensitivities to particular foods? _____

If yes, which ones and what treatment used in case of a reaction?

Any other allergies? _____

Treatment? _____

Does your child have a good appetite and show interest in food? _____

Does your child have any feeding problems? _____

If yes, what are they?

Has your child shown any napping/resting problems? _____

If yes, what kind? _____

What is your child's napping pattern for the day?

A.M. _____ P.M. _____ Does not nap _____

(over)

Does your child prefer to sleep/rest on his/her stomach or back? (if applicable) _____

Do you have any special ways of helping your child to sleep/rest? _____

If yes, what are they? _____

Does your child usually cry when going to sleep? (if applicable) _____

If yes, how long? _____

Does your child cry when waking up? (if applicable) _____

Does your child have a special security/love item? _____

If yes, what is it? _____ Special name? _____

When can your child have it? _____

Does your child use a pacifier? _____

If yes, what do you call it? _____ When can your child have it? _____

Is your child potty trained or in the process of being trained? Yes _____ No _____

If yes, are there special instructions for aiding your child? (Special words used for potty, what kind of assistance needed, for boys: sit or stand, etc.): _____

Briefly name some outside of the home activities that your child enjoys participating in with you, friends, and/ or relatives, such as park, zoo, walks, bike rides, Gymboree, ball games, pool, picnics, shopping, etc. All this helps to stimulate conversation /dialogue with your child!

Does your child have any special needs and if so, how can we help with these needs?

How do you discipline your child at home? (ex: time out, redirection, etc.)

What are your goals for your child while in our care? _____

Is there any other information that will help us to take better care of your child?

Thank you for taking the time to help us get acquainted with your child!