



ALL ABOUT ME!

My name is: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite toy is: _____

What makes me happy: _____

What makes me sad: _____

I can do all these things by myself: _____

EATING HABITS

Does your child have a special diet? _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child?

Please list these foods:

Does your child eat unaided? _____

Does your child enjoy eating? _____

Sleeping Habits

How does your child go to sleep? _____

Are there any special dolls or toys he/she needs in order to go to sleep? _____

What is the usual time and length of naps taken each day?

How long does he/she usually sleep at night? _____

Please list any personal habits, thumb sucking, nail biting, etc.
and/or specific words used to describe bodily functions or objects:

TOILET HABITS:

Do you use: ___ Desitin ___ powder ___ special wipes ___ other

Is diaper rash a problem? _____ If so, how do you treat it?

Is your child currently using the toilet?

MISCELLANEOUS:

Does child have an "unsettled" time? _____ When? _____

What do you do? _____

How does child relate to strangers? _____

Has your child had previous day care experience? _____

Please list prior caregivers and/or day care centers: _____

What type of discipline is used at home? _____

What are your expectations for your child in this program?