



Let us get to know your child

My Full Name is _____ Birthday _____

My Nick Name is _____

I have ___ Brothers and ___ Sisters _____ their names and ages are _____

My Favorite activity is _____

My Least Favorite activity is _____

My Favorite food is _____

Least Favorite food is _____

My Favorite person is _____

My favorite toy, game and activity is _____

I am afraid of _____

What comforts me _____

Has your child had childcare experience before _____

Why are you looking for different arrangements _____

If so describe this experience _____

What type of discipline is used for your child at home? _____

How does your child interact with other children _____

Please describe any behavior problems with your child _____

How do you handle these situations _____

Does your child have a special diet _____

Is there any food that should not be fed to your child _____

When your child is upset what calms him/her _____

How does your child go to sleep _____

Do they nap? _____

Please list any habits like thumb sucking, nail biting etc _____

Any special words they use to describe bodily functions or objects _____

What are your main expectations of this program?
