

## CHILDREN'S INFORMATION

Name of Child:	DOB:	Age:	Sex:
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(For some questions, answers are underlined. Please select the right answer by circling it.)

Has your child had previous childcare placement? Yes, No

Where was your child enrolled? \_\_\_\_\_

Are any medications given regularly? Yes, No \_\_\_\_\_

Who will take care of the child during illness? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What food does your child dislike? \_\_\_\_\_

Is your child potty trained? Yes, No

Can your child be relied upon to indicate bathroom wishes? Yes, No

Does your child have any "accidents"? Yes, No

What words does your child use for: Urination: \_\_\_\_\_ BM's: \_\_\_\_\_

Does he/she sleep through the night? Yes, No

Does your child take an afternoon nap? Yes, No How long? \_\_\_\_\_

Special toy or blanket for naptime Yes, No What? \_\_\_\_\_

What forms of discipline are most often used in the child's home? \_\_\_\_\_

How does your child behave when sick? \_\_\_\_\_

How is your child most easily settled when upset or afraid? \_\_\_\_\_

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What are your child's favorite activities, toys, books, or games? \_\_\_\_\_

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By signing this form, you verify that all of the information provided is correct to the best of your knowledge. Providing false information could result in forfeiture of registration deposit, termination of childcare services, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(Your Daycare name goes here)	Date