



Child Information

Start Date Date of Birth
____/____/____ ____/____/____

GENERAL INFORMATION:

Child's First Name: _____ Preferred Name: _____

Middle Name: _____ Last Name _____

Name(s) of Parent or Guardian: _____

List Siblings and their ages: _____

Pet Name(s) _____ Type: _____

What language(s) do you speak in your home? _____ +

Who are the other significant people in your child's life? (i.e. who resides in the same household?) Name and relationship:

What would you like to tell us about your family culture, values, traditions or routines that will better enable us to build connections for your child between home and school and help her/him to feel comfortable in this program? (e.g. family, heritage, special interests, hobbies, important events)

SLEEP HABITS:

Any special sleeping needs? _____

What is the usual routine for putting your child to sleep? _____

When does he/she usually sleep? _____ How long? _____

What time does your child go to bed at night? _____ Wake up? _____

HEALTH AND BODY:

Does your child have any health issues that might affect him/her during his/her time with us? _____

❖ If so, please explain _____

Have there been any changes in your child's life recently that might impact them during their time with us? (e.g. a birth, death, separation, moving/new house etc.)

Does your child have frequent colds? _____ Ear infections? _____ Fevers? _____

❖ If so, please describe signs you would like the teacher to watch for:

What are your child's interests? _____

Please describe previous experiences your child has had being cared for by others or in a group setting:

How does your child respond to adults who are guiding their behavior? _____

Write 3 – 5 words that best describe your child's temperament: _____

What are your expectations for your child during their time with us? _____

If there is anything else you would like to tell us about your child, please feel free to use the space below or

attach additional pages: _____

Typical Daily Arrival/Departure Schedule

Monday Tuesday Wednesday Thursday Friday

Drop-off
time &
person

Pick-up time
& person

