

Children's Information – 3 Years & Older

Name of Child: _____

DOB: _____ Age: _____ Sex: _____

(Please select the right answer by circling it)

Has your child had previous childcare placement? **Yes or No**

Where was your child enrolled? _____

Are any medications given regularly? **Yes or 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 or No**

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

Does your child have any "accidents"? **Yes or No**

What words does your child use for: Urination: _____

Bowel Movement: _____

Does your child sleep through the night? **Yes or No**

Does your child take an afternoon nap? **Yes or No** How Long? _____

Does your child have a special toy or blanket for naptime? **Yes or No**

What? _____

What forms of discipline are most often used in the child home?

How does your child behave when sick? _____

How do you comfort your child when upset or afraid?

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

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: _____

Center Director's Signature: _____

Date: _____