

Child's Name: _____ **DOB:** _____

1. List of child's frequent illnesses:

2. Allergic to:

3. Underline word or words which describe your child:
calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, wants own way, destructive, gives in easily, temper tantrums, bad language, jealous, bites, shares things, hyper-active, bright, slow-learner, busy, contented, other, (describe):

4. How well does your child get along with other children:

5. What behavior do you find most difficult for you to handle:

6. Licensed family day care homes are not allowed to use spanking as a part of discipline with the day care children. What methods of discipline do you find work best with your child:

7. What are the child's favorite play activities, (imaginative games, active play such as jungle gym, swings, puzzles, dramatic play, etc.):

8. What is your child afraid of (storms, dark, etc)? How do you soothe him/her?

9. If your child is potty training or going to be start do you have a plan for toilet training so we can try to be consistent?

10. Other parent expectations or instructions:

Signature of Parent: _____ Date: _____