



# 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

