

Honey Bears & Wallabies

Getting to know you

Child's Name: _____ DOB: _____

Mom's Name: _____ Cell: _____

Dad's Name: _____ Cell: _____

Weekly Schedule: Monday	Time: _____	to _____
Tuesday	Time: _____	to _____
Wednesday	Time: _____	to _____
Thursday	Time: _____	to _____
Friday	Time: _____	to _____

Family History ; Marital Status - married divorced separated deceased single
(circle one)

Other Children in the home: 1. _____ age: _____
2. _____ age: _____
3. _____ age: _____

Physical Regime:

Does your child have any unusual eating habits or allergies? Yes No

Explain: _____

What is a usual bed time? _____ Wake Time? _____ Nap Time? _____

What is your child's attitude toward naps? _____

How does he/she state the need of:

Urination: _____ Bowel Movement: _____

Play and Sociality:

How does he/she get along with children? _____

Are his/her playmates: girls boys younger older other: _____

Is your child: talkative quiet shy

Previous Group Experience: In-home Childcare center Sunday School

Personality and emotional Development:

Do you regard your child as affectionate? Yes No

Does your child accept new people easily? Yes No

Is he/she usually happy? Yes No

Any nervous habits? Yes No Explain: _____

General Information about your child:

What are your child's favorite things to play with / what interest them? _____

Is there anything that helps your child when they are upset? _____

Our regular naptime is from 11:30am - 1:30pm. Please avoid bringing your child in during this time as it may disturb others.

Are there any special health needs? _____

Anything else you feel would help us get to know your child & help them adjust?
