

Special Information About Your Child

Child's Full Name: _____ Nickname: _____ Birthday: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Siblings Names & Ages: _____

Anyone else living in your home? _____

Any Pets? – Types & names: _____

Any Allergies? – If so, what types? _____

Are there any foods your child does not/is not allowed to eat? _____

How does your child nap best? _____

How would describe your child's personality? _____

Does your child have the opportunity to play with other children? _____

What is your child's favorite activity? _____

Does you child have any specific fears or anxieties? _____

How are any misbehaviors handled in your home? _____

Please attach a recent photo of your child.