

About Your Child

1. What FOODS does your child especially like? _____

2. Especially DISLIKE? _____

3. Favorite toy, games, activities? _____

4. How does your child express ANGER or frustration? _____

5. Does your child have any special FEARS? _____

6. When your child is upset, what helps to comfort him/her? _____

7. How do you discipline your child? _____

8. Special FAMILY situation? (such as homelessness, custody disputes, etc.) _____

9. Anticipated ADJUSTMENT problems? _____

10. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

11. Regular medication: _____

12. Medicine(s) allergic to: _____

13. Food Allergies:

14. Any other allergies:

15. Any special health conditions:

16. Previous childcare child has attended:

17. Any problems at previous Daycare?

18. Expectations of KIDZ creative concepts:

19. Other Comments
