THE

LITTLE FARM

PLAYSCHOOL

Child Information

Child's Full Name: _____ ***Child's Birthdate:*** _____

Has your child attended preschool previously? If yes, what type of care and for how long? _____

Child General Information - Please include all information that will assist us in providing quality care for your child

Child's Likes: _____

Child's Dislikes: _____

Eating Habits and Schedule: _____

Sleeping Habits and Schedule: _____

Level of Toileting: _____

Fears or Concerns: _____

Special Words and Their Meanings: _____

Family Members in Home: _____

Family Ethnicity/Cultural Background: _____

Primary Language: _____

Special Traditions or Holidays: _____

Is there anything else you would like to tell us about your family that would influence the care we provide or behaviors we will see from your child? If so, please list below:

_____

_____

_____

_____

Infant and Toddler Information

Child's Full Name: _____ Birthdate: _____

Typical Daily Schedule: ***(sleeping, eating, playing, how long, how often, etc.)***

_____

_____

_____

Sleep Routine: ***(sleep patterns, habits, how often, how long, etc.)***

_____

_____

_____

Food Interests: ***(baby food, solids, how often, how much, etc.)***

_____

_____

_____

Liquid Intake: ***(cup, bottle, formula, breast milk, milk, etc.)***

_____

_____

_____

Is there anything else you would like to tell us about your child that would influence the care we provide or behaviors we will see from your child? If so, please list below:

_____

_____