

Child's Name: _____

Does your child have a nickname? Yes No If Yes, what is it? _____

Family

Names of brothers and sisters (include nicknames)	Birth dates	Does this sibling live in the same home as this child?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of others living in the home	Relationship to child
_____	_____
_____	_____
_____	_____

What languages are spoken in your home? _____

Does your child have any pets? Yes No If Yes, what are they? _____

Food

Describe your child's appetite: _____

What foods does your child dislike? _____

What foods does your child like? _____

What foods do you not permit your child to eat? _____

Does your child feed him/herself? Yes No If help is needed, what kind of help? _____

What time does your child usually eat: Breakfast _____ Lunch _____ Snack _____ Supper _____

Self-Care

Please comment about bathroom routines or training procedures:

Is your child in diapers? Yes No _____

Has training begun? Yes No _____

Is your child completely trained? Yes No _____

Does your child need help? Yes No _____

Do you use any special words pertaining to toileting? Yes No If Yes, please list: _____

Does your child need any help with dressing? Yes No If Yes, what kind of help? _____

Does your child nap? Yes No If Yes, what are his/her current nap time routines? _____

Do you or does your child have any concerns relating to nap time? Yes No Please describe: _____

Social/Emotional Development

Does your child separate easily from you? Yes No Please comment: _____

Is your child shy? Yes No Sometimes

With whom? _____

When? _____

Is your child afraid of anything? Yes No Please describe: _____

How does your child show feelings of:

Affection _____

Fear _____

Anger _____

Frustration _____

Excitement _____

Does your child have a favorite toy, blanket, bottle, or soother? Yes No

Please identify. _____

Has your child experienced play with other children? Yes No Please describe: _____

Does your child have any imaginary playmates? Yes No If Yes, please comment: _____

What activities does your child like? _____

What activities does your child dislike? _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

**Note: Personal health information may be disclosed to the Ministry of Education
in the course of reviewing the facility's record keeping obligations.**

Date: ____/____/____
Year Month Day

Parent/Guardian signature