

CHILD INFORMATION FORM

The information you provide regarding your child will assist his/her teacher in making your child's time with us as positive and interactive as possible. If there is anything else you would like us to know about your child, please use the back of this form to elaborate. **This form will be given to your child's teacher.**

Child's Name	DOB
Name and age of sibling(s)	
Child's pets	
Child's favorite activities	
Child's favorite toys	
Child is frightened by	
Child's favorite food & drink	
Child self soothes by	
Please describe any previous experience your child has in childo	care
Please list any other activity in which your child participates	
Has your child experienced any recent changes in his/her home	life? (births, deaths, moving, etc.)
Does your child have any special needs? Please list any social, e	motional, behavioral, or physical difficulties
your child may have	