

About Your Child

In order to help me get to know your child and provide the best possible care, please answer the following questions.

Child's Full Name _____ Child's Nickname _____

Does your child have any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

What language(s) are spoken at home?

What is your normal method of discipline? _____

What is your child's general temperament? Are they easy going, hard to please, demanding, aggressive, etc. _____

Can your child be relied upon to indicate bathroom needs? _____

Are there any food allergies or restrictions? _____

What are your child's favorite foods? _____

What food does your child dislike? _____

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?
