All About Me!

Child’s Name ___________________________ Nickname ____________________________________________
I have ____ brothers & ____ sisters, their names and ages are: ______________________________________

How would you describe your child’s personality?
Has your child been in child care before? ( ) Yes ( ) No. If yes, please give last child care provider, or daycare center’s information:
Name: ______________________________________ Phone _______________________
Dates Attended: from _______ to ________. Why was care terminated? __________________________

May I contact them for a reference? ( ) Yes ( ) No

Does your child have a regular bedtime schedule? ( ) Yes ( ) No. What time does your child usually go to bed at night? ________. What time does your child usually wake up in the morning? __________. Does your child have trouble sleeping? ( ) Yes ( ) No. Night Terrors? ( ) Yes ( ) No. Trouble going to sleep? ( ) Yes ( ) No. Other: ____________________________________________

If infant how does your child sleep? ( ) Stomach ( ) Side ( ) Back. What time(s) and for how long does your child usually nap? _____________________________. Are there any special dolls, blankets, etc that your child needs to go to sleep? ____________________________
What is your child’s disposition upon waking? ( ) Happy ( ) Grouchy ( ) Clingy ( ) Slow ( ) Other ____________________________________

Has or does your child have any known health problems? ( ) Yes ( ) No. If yes, please describe:

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