



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:

*** Free Preview End ***

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