

## ABOUT YOUR CHILD

1. What FOODS does child especially like? \_\_\_\_\_

2. Especially DISLIKE? \_\_\_\_\_

3. Is your child toilet trained? \_\_\_\_\_ What words does your child for toilet? \_\_\_\_\_

4. How does your child express ANGER or frustration? \_\_\_\_\_

5. Does your child any special FEARS? \_\_\_\_\_

Explain: \_\_\_\_\_

6. When your child is upset, what helps to COMFORT him/her? \_\_\_\_\_

7. How do you DISCIPLINE your child? \_\_\_\_\_

8. Has your child been taking an afternoon NAP? \_\_\_\_\_ If so, how long? \_\_\_\_\_

If not, Why? \_\_\_\_\_

9. Special toy or blanket for NAP? \_\_\_\_\_

10. Special FAMILY situations? (such as custody specifications, problems arising from situations, etc.)

\_\_\_\_\_

11. Anticipates ADJUSTMENT problems? \_\_\_\_\_

\_\_\_\_\_

12. Previous childcare child has attended? \_\_\_\_\_

13. Any problems at previous center? \_\_\_\_\_

14. Other COMMENTS? \_\_\_\_\_