Tots n' Us
Children's Academy

About Your Child

Child's Name _____

1. What FOODS does your child especially like? _____
2. Especially DISLIKE? _____
3. Favorite toys, games, activities? _____
4. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____

_____

5. How does your child express ANGER or frustration? _____

_____

6. Does your child have any special FEARS? _____
Explain _____
7. When your child is upset, what helps to COMFORT him/her? _____

_____

8. How do you DISCIPLINE your child? _____

_____

9. Has your child been taking an afternoon NAP? _____ If so, how long? _____
If not, why? _____

_____

10. Special toy or blanket for NAP? _____

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

_____

_____

12. Anticipated ADJUSTMENT problems? _____

_____

13. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

_____

14. Previous childcare child has attended: _____

_____

15. Any problems at previous daycares? _____

_____

16. EXPECTATIONS of (Your Name) Daycare _____

_____

_____

17. Other COMMENTS? _____

_____

_____

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