

Information Sheet

Child's name: _____

Has your child had previous child care placement? Yes ___ No ___

If yes, where was your child enrolled? _____

How does your child usually react when you leave him/her?

What is your child's temperament? Is he/she easy going, shy, cautious, etc.?

What are your expectations from Family Child Care?

What are your child's favorite foods? _____

What foods does your child dislike? _____

Is your child able to indicate bathroom wishes? _____

Does your child have any siblings? Please list them and specify age and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

What forms of discipline are most often used at home? _____

Does your child have any security objects such as a blanket, bottle, toy etc.?

How does your child prefer to be comforted when upset or afraid? _____

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

Is there any other information you can share that will help your child feel more comfortable?
