

Describe any health problems your child may have. _____

Describe any behavior problems your child may have. _____

Has your child had any previous Day Care or Nursery placement? _____

If so, please list name of person or school. _____

Has your child had experience playing with other children? _____

What makes him/her mad or upset? _____

How does he/she show feelings? _____

What time does your child go to bed? _____ Awaken? _____

Does he/she normally take a nap? _____ How long? _____

Can your child be relied upon to indicate bathroom needs? _____

If your child has any unusual terms to indicate the need to urinate or have a bowel movement, please state them. _____

Does your child need to use the bathroom frequently? _____

Does he/she have bathroom accidents? _____

To what foods is he/she allergic? _____

Is your child a good eater? _____

What makes your child most happy? _____

List any fears your child may have, and how he/she will react to them. _____

Approximate time of drop off? _____ Pick up? _____

Please write below or on the back any additional information about your child that would be helpful to the teacher.
