



PRESCHOOL/SCHOOL AGE PERSONAL INFORMATION

Child's Full Name _____ Nickname: _____

Date of Birth _____ Today's Date _____

Please describe your child's personality: _____

What games, activities, sports, hobbies, etc. does your child like to do the most?

What activities interest your child the least? _____

Who does your child live with? _____

Please write the current schedule, if child lives between **two** households:

Who will drop the child off most of the time? _____ Pick up? _____

Has your child been cared for by another childcare provider? _____ Yes _____ No

If yes, who? _____ How was the experience? _____

What elementary school does or will your child attend? _____

Explain your child's medical history: _____

Is your child taking any medications? _____ If yes, what is the name of the medication
and what is it used for? _____

Please write the possible side effects: _____

Has your child been hospitalized? _____ If yes, please explain. _____

Does your child have any allergies or food restrictions? _____

Briefly describe your child's eating habits: _____

Does your take naps? _____. If yes, how long are the naps? _____

Does your child have any special problems or concerns we should be aware of?

Parent Signature _____ Date _____