



## CRYSTAL DAY CARE

**To help us in providing the most beneficial and meaningful environment for your child, it is necessary to have as much information about your child as possible. Please review and answer the following questions to assist us in helping your child and family enjoy their experiences.**

**Thank You!!**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Names: \_\_\_\_\_

\_\_\_\_\_

What name does your child prefer to be called?

\_\_\_\_\_

Does this child have any siblings?

Yes\_\_\_ No\_\_\_

Is this your child's first school experience?

Yes\_\_\_ No\_\_\_

If No, please tell us the name and phone number of prior child care provider, and the reason why he/she is no longer there.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

How does he/she get along with other children?

\_\_\_\_\_

How would you describe your child's social behavior with children and adults?

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Are there any foods that do not agree with him/her? Please list.

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Does your child enjoy trying small amounts of food that are new to him/her?

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Does your child have any developmental challenges?

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Any special nap time habits?

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Has he/she any comfort habits such as thumb sucking, etc.?

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Any fears? Please describe.

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Does your child have any pets or special friends?

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Favorite activities?

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Is there additional information you feel we should know concerning your child?

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**Infants:**

Does your child have any special eating habits or special foods?

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Did mom have a normal delivery? \_\_\_\_\_ Premature (#weeks/months): \_\_\_\_\_

Age sitting up? \_\_\_\_\_ Crawling? \_\_\_\_\_ Walking? \_\_\_\_\_

Talking? \_\_\_\_\_ Toilet trained? \_\_\_\_\_

Please describe your child's eating and nap schedule?

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How does your child wake up from his/her nap?

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