Always Bettering Children Day Care

Getting to Know You
School Age

Name *Nickname* *Age*
Who lives in the home?
Siblings? (ages)

General Information
Has your child been in a day care setting before? (family/group/center)
When? *For how long?*
How did your child adjust?

Interaction with other children/adults? (shy, aggressive, sharing)

How do you expect your child react on his first day with us?

Does he communicate his needs? How?

Any physical needs?
Any emotional needs?
Does your child have an IEP or IFSP? (if so, may we have a copy)

Nervousness or fears?
How can we calm your child?

Would you describe your child as independent?

What discipline methods work with your child?

Favorite activities, games, hobbies, toys?

Sleeping Habits
Naps? (when, how long)
Naptime ritual? (stuffed animal, blanket)
Does your child have a fussy time of day?

Eating Habits

Any special feeding needs?
Picky eater, normal eater, usually hungry?
Favorite Foods?
Dislikes?

Toileting Habits

Will your child indicate potty needs? *Does he need reminders?*
Special terminology for private parts, urination or bowel movements?
Does your child need help? (getting on potty, wiping, buttons, washing hands, pulling up pants)

Normal frequency?
Accidents? (how often, their reaction, your reaction?)

In addition:

Is there any other information you feel may help in caring for your child?

Describe your child in one sentence.

Are there any custody issues we should discuss?
Is anyone denied permission to pickup or see the child? *Who?*

Drop Off person *Pick Up PERSONAL*

In attendance _____ *Date* _____

_____

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