



Always Bettering Children Daycare

Getting to Know You

Name

Nickname

Age

Who lives in the home?

Siblings (ages)

General Information

Has your child been in a daycare 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 to react on his/her first day with us?

Does he/her communicate their 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?	
<u>E</u> :	ating Habits
Can your child feed himself?	
Any special feeding needs?	
Sippy cup, cup w/o lid?	
Picky eater, normal eater, usually hungry? Favo	orite foods? Dislikes?
Toileting	g/Diapering Habits
Potty trained?	
Pull-ups at naptime?	
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, w	iping, buttons, washing hands, pulling up pants)
Normal frequency?	
Accidents? (how often, their reaction, your reaction)	
<u>l</u> .	n addition:
Is there any other information you feel may help	p 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 th	e child? Who?
Drop off person	Pick up persons