

ABOUT YOUR CHILD

1. What **FOODS** does your child especially like _____

2. What **FOODS** does your child especially dislike _____

3. Favorite toys, games, activities _____

4. Is your child **Toilet Trained** _____ What words does your child use for the toilet _____

5. How does your child express **Anger** or **Frustration** _____

6. Does your child have any special **Fears** _____
Explain _____

7. When your child is upset, what helps to **Comfort** him/her _____

8. How do you **Discipline** your child _____

9. Has your child been taking an afternoon **Nap** _____
If so, how long _____
If not, why _____

10. Does your child require a special toy or blanket for **Nap** _____

11. Are there any special Family situations (such as custody specifications, problems arising from situations, etc.) _____

12. But Anticipated **Adjustment** problems _____

13. Any disorders/developmental (slow, advanced) diagnoses or suspicions _____

14. Previous childcare child has attended _____

15. Any problems at previous daycare _____

16. **Expectations** of Family Childcare _____

17. Other **comments** or **concerns** _____

HEALTH HISTORY

1. Child's name _____ Birthdate _____

2. Illnesses: (please circle). Does your child have any problems with any of the listed below? Has your child had any of the diseases listed below?

- | | | |
|-----------------------|------------------------|--------------------------------|
| Asthma | Bronchitis | Constipation |
| Chicken Pox | Lice | Diarrhea |
| Convulsions | Hepatitis | Measles |
| Diabetes | Fainting Spells | Mumps |
| Frequent Colds | German Measles | Frequent Ear Infections |
| Polio | Ringworm | Frequent Sore Throats |
| Heart Trouble | Scarlet Fever | Skin Rash |
| Tuberculosis | Whooping Cough | Stomach Upsets |
| Worms | Urinary | Impetigo |

3. Other **Illnesses** (besides above) _____

4. Has your child been **Hospitalized** (explain) _____

5. Has your child had **Injuries** with fractures or loss of consciousness (explain) _____
