

Information on Child

Name of Child: _____ Birthdate _____ Age _____

1. Does the child sleep well? _____

2. How many hours per night does the child sleep? _____

3. Does the child dress and undress himself/herself? _____

4. What words does the child use when he/she needs to go to the bathroom? _____

5. What is the child's favorite play activity? _____

6. What are the child's favorite foods? _____

7. Are there any foods that the child should not be allowed to eat for medical reasons? _____

8. Does the child have any special fears? _____

9. How does the child prefer to be comforted? _____

10. Does the child have any problems that the caregiver should be aware of? _____

Signature of Parent/Legal Guardian

Date