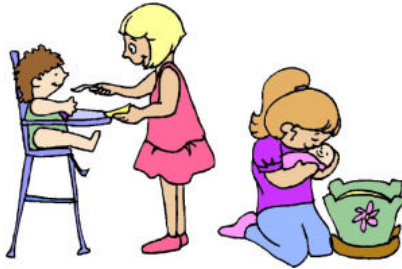


Welcome to Miss Tricia's Daycare



Child's Name _____

I would like to take this time to welcome you and your family to my daycare/preschool. I hope to see you and your family often in my daycare. If you could fill in the questions below to help me get to know your child a little better makes my day and your child's day run a lot smoother. It helps me to know what to expect and be prepared.

Has your child been in daycare before? yes no

If yes, Why did you leave? _____

Was your child happy there? _____

How long was your child there? _____

What did you like best about your previous daycare? _____

What did you like least about your previous daycare? _____

How would you describe you child's personality on a normal basis?

Happy Moody Quiet Chatty Testing Cooperative

Does your child have any siblings?

He/she has _____ Brothers and _____ Sisters.

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Meal Time:

Is your child a picky eater Yes No

What are some of your child's favorite's foods _____

Which foods does your child strongly dislike _____

Please Note: If your child is a picky eater it may be a good idea at first to provide him/her with a few of their favorite foods until they settle into my daycare.

Am I going to have a hard time getting your child down for a nap? Yes No

Do you have any ideas or a certain routine for me to follow to make naptime a more enjoyable time for your child?

Does your child have any **major problems** that I should be aware of? Yes No

Please describe: _____

Does your child take any kind of medication on a regular basis? Yes No

Why? _____

Will I need to administer this medication? Yes No How often _____

Does your child have any known allergies? Yes No

Please list all allergies: _____

Does your child take allergy medication Yes No

Does your child need an inhaler Yes No

Does your child wear glasses? Yes No

Please note: I will not be held responsible for any damage that results from your child needing to wear glasses in my home. Small children have a tendency to loose items and break things. I will do my best to make sure he/she takes care of their belongings but I can't be everywhere at all times.

Does your child have any physical or mental disabilities? Yes No

Please explain: _____

I have filled this form out to the best of my knowledge.

Parent's Signature _____ Date _____

