

All About Me

All the information provided on this form is requested so center staff can get to know your child and help the adjustment period go a little smoother. It will all be kept confidential.

Child's Name: _____ Nickname(s) _____

Please circle all the words that best describe your child: *calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, destructive, gives in easily, temper tantrums, jealous, shares well, hyperactive, bright, slow learner, busy, content, other:* _____

How well does your child get along with other children? _____

What Makes Your Child Mad or Upset: _____

What time does your child go to bed at night? _____ Wake in the morning? _____

Does your child usually take naps? _____ Length of Naps? _____ Times of naps? _____

Does your child have fear of: (Circle) animals rough children loud noises dark Other _____

Type of pets at home? _____

Does your child prefer to play: (Circle) Alone In small groups Other _____

What activities does your child spend most of his waking hours doing at home?

What difficulty does your child have separating from you?

Ways to calm your child? _____

What can we do to make your child feel more comfortable?

What are your accustomed methods of reassuring and rewarding your child?

What are your accustomed methods of responding to your child's negative behavior?

Do you have any outstanding concerns? _____

What do you as a family hope to get out of this preschool/childcare experience?

How many day cares has your child been in? _____ Reason for leaving last day care?

Name of last day care provider(s) or center(s)?
