

Personal Information Sheet

Tell Us About Your Child

Child's Name: _____ Date of Birth: _____

What does she/he like to be called? _____

Does she/he have a favorite security item? (blanket/doll) _____

Does your child usually take naps? _____ How long? _____

Describe your child's personality? _____

How does she/he respond when upset?

What is her/his favorite activity? _____

What words for toileting? _____ Does your child sit or stand? _____

What upsets your child, how is it handled at home? _____

Any special fears? _____

What form of discipline do you use at home?

How does your child let you know when something is wrong? (illness, pain) _____

Tell us what else you'd like us to know about your child?

Allergies

Please list all allergies below. Allergies must be documented by a physician

Allergy _____ Indications: _____

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