

Child Information Sheet

Child's Full Name (First, Middle, and Last): _____

Child's Preferred Name/Nickname: _____ Child's Birthday: _____

Parent's Name: _____ Parent's Email/Cell: _____

Parent's Name: _____ Parent's Email/Cell: _____

Child's Siblings/Ages: _____

Grandparents/great-grandparents? What do they call them?

Family Pets/Names: _____

Languages Spoken at Home: _____

Child's Allergies or Health Concerns:

Developmental concerns:

Child's strengths:

Child's weaknesses:

Child's overall demeanor:

Child's interests:

Child's nap time routine at home:

What activities does your child like to do?

Child's favorite time of day: _____

Favorite foods: _____

Least Favorite foods: _____

Favorite color/s: _____

Favorite show/s: _____

Favorite book/s: _____

Favorite toys to play with: _____

