**Please answer all questions**

Itsy-Bitsy Scholars

**All About Me!**

Child’s Name Nickname

I have brothers & sisters, their names and ages are:

Although we know this changes day to day, how would you describe your child’s personality traits? Personality Traits (Circle all traits that best describe your child.)

Happy Shy Leader Stubborn Funny Determined Kind Silly Patient Outgoing Rude Adventurous Cooperative Clingy Energetic Mean Follower Quite Persistent Considerate Selfish Active Impatient Affectionate Disrespectful Advanced Wild Cheerful Bossy Fidgety

Has your child been in child care before? ( ) Yes ( ) No. If yes, please give last child care provider, or daycare center’s information if any:

Name: Phone

Dates Attended: from to . Why was care terminated?

May I contact them for a reference? ( ) Yes ( ) No

Does your child have a regular bedtime schedule? ( ) Yes ( ) No. What time does your child usually go to bed at night? . What time does your child usually wake up in the morning? . Does your child have trouble sleeping? ( ) Yes ( ) No. Night Terrors?

( ) Yes ( ) No. Trouble going to sleep? ( ) Yes ( ) No. Other:

If infant young/ toddler how does your child sleep? ( ) Stomach ( ) Side ( ) Back. What time(s) and for how long does your child usually nap? . Are there any

special dolls, blankets, etc. that your child needs to go to sleep?

What is your child’s disposition upon waking? ( ) Happy ( ) Grouchy ( ) Clingy ( ) Slow

( ) Other

Has or does your child have any known health problems or allergies? ( ) Yes ( ) No. If yes, please describe:

Favorite Activities Favorite thing to do indoors: Favorite thing to do outdoors: Does he/she like to read or read too: Yes No

Does he/she like to make crafts: Yes No

Does he/she like to be outdoors: Yes No

Does he/she play well with other children: Yes No

Eating Habits and food allergies.

Favorite Food(s): Things he/she refuses to eat: What are your mealtime rules at home if any?

What does breakfast, lunch and dinner usually look like?

Toilet Training Is he/she toilet trained? Yes No If no, what are future plans:

Comments/Concerns

We appreciate you answering all the questions. Each question helps us to get to know your child better, and make this transition easier. ● !