

Sunny Day Care Center  
275 E. Thacker St.  
Des Plaines, IL 60016  
773-236-3512

## CHILD'S INFORMATION FORM

CHILD'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_

BROTHER'S AND SISTER'S NAME \_\_\_\_\_

### PERSONAL HISTORY

Language child knows? \_\_\_\_\_

Special words child uses to describe their needs? \_\_\_\_\_

\_\_\_\_\_

Are there any toys your child is very attached to? If so, what? \_\_\_\_\_

MEDICAL PROBLEMS \_\_\_\_\_

\_\_\_\_\_

PHYSICAL HENDICAPS \_\_\_\_\_

RESTRICTION FOR PLAY-OUTDOORS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

FOODS your child cannot eat \_\_\_\_\_

FEARS \_\_\_\_\_

DOES THE CH-ILD NAP? \_\_\_\_\_ TIME \_\_\_\_\_ LENGTH \_\_\_\_\_

Bed time from \_\_\_\_\_ to \_\_\_\_\_.

Does your child prefer to sleep on his/her stomach \_\_\_\_\_ side \_\_\_\_\_ back \_\_\_\_\_.

Please specify any special ways of helping your child go to sleep; \_\_\_\_\_

\_\_\_\_\_

IS THE CHILD TOILET TRAINED? \_\_\_\_\_

Does your child use ( please check any that apply ) a potty chair \_\_\_\_\_ toilet \_\_\_\_\_

Does your child have accidents frequently? \_\_\_\_\_

How does he/she react to accidents? \_\_\_\_\_

How does your child indicate bathroom needs? \_\_\_\_\_

Describe any previous group experiences your child has had\_\_\_\_\_

\_\_\_\_\_

List your child's positive personality traits\_\_\_\_\_

\_\_\_\_\_

List your child's negative personality traits\_\_\_\_\_

\_\_\_\_\_

Your child prefers to play;

Alone \_\_\_\_\_with playmates\_\_\_\_\_with sibling(s)\_\_\_\_\_with adults \_\_\_\_\_

Child's favorites indoor activities \_\_\_\_\_

Child 's favorite outdoor activities \_\_\_\_\_

What makes your child mad?\_\_\_\_\_

What's the best way to comfort your child?\_\_\_\_\_

DOES THE CHILD REGULARLY TAKE MEDICATION?\_\_\_\_\_IF SO, WHAT KIND AND DIRECTIONS\_\_\_\_\_

\_\_\_\_\_

WHAT SHOULD WE KNOW ABOUT YOUR CHILD?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

