

CHILDREN'S INFORMATION - 3 years & older

Name of Child:	DOB:	Age:	Sex:
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(For some questions, answers are underlined. Please select the right answer by circling it.)

Has your child had previous childcare placement? Yes, No
 Where was your child enrolled? _____
 Are any medications given regularly? Yes, No _____
 Who will take care of the child during illness? _____

What is your child's favorite food? _____
 What food does your child dislike? _____

Is your child potty trained? Yes, No
 Can your child be relied upon to indicate bathroom wishes? Yes, No
 Does your child have any "accidents"? Yes, No
 What words does your child use for: Urination: _____ BM's: _____

Does he/she sleep through the night? Yes, No
 Does your child take an afternoon nap? Yes, No How long? _____
 Special toy or blanket for naptime Yes, No What? _____

What forms of discipline are most often used in the child's home? _____

How does your child behave when sick? _____

How is your child most easily settled when upset or afraid? _____

What are your child's favorite activities, toys, books, or games? _____

By signing this form, you verify that all of the information provided is correct to the best of your knowledge. Providing false information could result in forfeiture of registration deposit, termination of childcare services, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(The Kids Company)	Date