



Children's Day Out Infant Introduction Form

This information is for the confidential use of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand him/her.

PLEASE RETURN INFORMATION FORM TO THE TEACHER

Child's Name: _____ Birthday: _____ Sex: M/F (circle one)

Name Called: _____ Right/Left Handed: _____

Parent 1 Name: _____ Parent 2 Name: _____

Has your child attended a Children's Day Out? _____ If Yes, Where: _____

Any siblings? _____

Attending MDS? _____

Is your child allergic to any medication or food: _____ If yes, What?: _____

Is your child taking any medication: _____ If yes, What?: _____

Please note any birthmarks or unusual markings on child's body: _____

SLEEPING HABITS

Does s/he take an a.m. nap? _____ Time? _____

Does s/he take a p.m. nap? _____ Time? _____

How does s/he sleep? (stomach, back, etc.) _____

Does s/he need a lovey? _____ What? _____

Does s/he wake happy? _____ Does s/he like to be rocked? _____

Does s/he like to be walked, etc.? _____

Does s/he sleep through the night? _____ What age? _____

EATING HABITS

Is s/he breast or bottle fed (or both)? _____ How often? _____

What baby foods does s/he eat? _____

What finger foods have you introduced? _____

SOCIAL

What is his/her favorite toy? _____

What does your child seem to enjoy doing? _____

What activities do you do with your child? _____

Has your child been separated from you before? _____ If yes, describe: _____



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BEHAVIOR

How do you handle discipline (so far)? _____

What types of "behavior" has your child shown (so far)? _____

What causes your child to show his/her temper? _____

How is s/he disciplined?: _____

How Does s/he act when you discipline him?: Angry?_____ Pout?_____ Sullen?_____ Sorry?_____

Hurt?_____ Other?_____

Is your child afraid of anything?: _____

If so, how are you dealing with it?: _____

Were there any complications at birth?: _____

Have you suspected any difficulties in: Hearing?_____ Sight?_____ Speech?_____ Other?_____

Has your child received any type of early childhood intervention?(ie. Speech, physical or occupational therapy, etc?)_____ If yes, please elaborate: _____

What are you most proud of about your child?: _____

Now take it from there and tell us about him. Is he imaginative, jealous, independent, talkative? (Feel free to attach a separate page)
