

General Information for Extended Care

Name: _____

Has your child had previous experience in child care? ____yes, ____no. Type of care _____

Please give any information concerning your child which will assist us in providing the best care for you child:

Play: _____

Eating habits and schedule: _____

Sleeping habits and schedule: _____

Fears: _____

Likes and dislikes: _____

Special words and their meanings: _____

Other children in the household:

Name/Nickname of child _____ Age _____ Gender _____

Name/Nickname of child _____ Age _____ Gender _____

Name/Nickname of child _____ Age _____ Gender _____

Does your child have allergies? ____yes ____no Has your child had chicken pox? ____yes ____no

What types of allergies or other health problems does your child have, and what do we need to know to provide the best possible care? Do these restrict your child's activities?

Please provide us with any other information that you feel would help to make preschool the most positive experience possible for your child.
