

YOUR CHILD'S DETAILS

Personal Details: Siblings details Brothers names and ages Sisters names and ages Has your child had Day Care Services? Yes / No Details Reason this Care was terminated **Eating Habits:** Does your child have a special diet? Yes / No Are there any foods that should not be served to your child? Yes / No If yes to either of the above, please list the food and the reason Your child's favourite foods Least favourite Does your child eat independently? Yes / No For infants, what brand of formula do you use? Does your child require: bottle sippy cup high chair booster seat Sleeping Habits: (If applicable) Does your child have a regular bedtime schedule? Yes / No What time does your child usually wake up in the morning? What time does your child usually go to bed at night? Does your child take naps? If yes, how long does your child usually nap? Does your child have any problems getting to sleep or staying asleep? If yes, explain

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Health Concerns:
Does your child have any known health issues? Yes / No If yes, please provide details
Does your child take any medications on a regular basis? Yes / No If yes, list the medication(s), dosage and how often taken
Tyes, list the medication(s), dosage and now often taken
Are there any hearing or vision problems? If yes, please provide details
Does your child have any known allergies? Yes / No If yes, please list the allergy and how it is dealt with
Does your child suffer from any of the following on a regular basis (check all that apply)? Nosebleeds Headaches Sore throats Stomach aches Runny nose
Seasonal allergies Other
Behaviour:
How do you want me to "reward" or "discipline" your child? Reward
Discipline
Access:
Please provide any information related to access to your child such as, details of persons restricted by court orders from accessing your child (please note that if there are any restraining orders or lega restrictions, I will require a copy of the court letter).
Other Information:
Is there anything else about your child, you feel I should know?