

CARE INSTRUCTIONS AND BACKGROUND INFORMATION

CHILD'S NAME	DATE / /
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FEEDING

Does your child take a bottle?
Should the bottle be warmed?
Can your child hold a bottle?
Does your child eat:
Formula
Whole Milk
Strained Foods
Junior Foods
Table Foods
Other
Any food likes?
Any food dislikes?
Does your child use a pacifier? When?
Approximate daily bath time?
Approximate nap time(s)?
Special nap requirements?
Is your child toilet trained?
Does your child wear diapers at naptime?
What brand/type of diaper do you use?
Do you use powder?
Can Desitin or Vaseline be used for diaper rash?

How does child indicate need for toilet?
What word does your child use for urination?
What word does your child use for bowel movement?

FAMILY

Marital status of parents?
How long?
If separated, who has custody?
Is your child adopted?
Does child know?
Is a language other than English spoken at home?
Does either parent have an interesting occupation/hobby/talent?

SOCIAL / DEVELOPMENTAL

Age at which your child:
Crept on hands and knees
Sat alone
Named simple objects
Repeated short sentences
Began toilet training
Can your child dress self?
Can your child undress self?

(over)

Is your child right or left handed?
Does your child sleep well?
Favorite indoor play activities?
Favorite outdoor play activities?
Does your child play with water?
Any fears you are aware of?
Speech, sight, or hearing problems?
Attended nursery school before? Where? How long?
What behavior control do you use?
What is your child's usual reaction?
Which parent administers punishments?
Describe your child's personality
Your child's activity level?
Is your child:
Read to regularly?
Favorite story / Book?
Interested in music?
Favorite record / tape?
Has your child had experience with:
Clay
Scissors
Easel
Painting
Finger painting
Blocks
Is play usually adult supervised?
Outdoor play restricted to home yard?

Does your child know others at Child's Day? Who?
Is your child Friendly Aggressive Withdrawn
Are playmates girls / boys; younger /older?
Does your child: Get along well with other children? Accept new people easily?
Have any nervous habits? When are they likely to show?
Need special help with anything?

HEALTH

Does your child have frequent
Colds?
Ear aches?
Stomach aches?
Does your child vomit easily?
Does your child run high fevers easily?
Has your child ever been to a dentist?
Does your child wear corrective shoes?

COMMENTS

Signed
Date