

INFORMATION SHEET**HELPING US GET TO KNOW YOUR CHILD**

First Day at Caleigh's Place _____

Child's Name: _____ Birthdate: _____

Likes to be called: _____ Right or Left Handed: _____

How would you describe your child's personality? _____

What other group experiences has your child had? _____ How long? _____

Does your child have a favorite toy, special blanket or stuffed animal? _____

Other than siblings, does he/she have playmates? _____ Ages: _____

How does your child get along with them? _____

For what is your child disciplined? _____

Who disciplines? _____ Most effective method? _____

How does your child react to discipline? _____

What is most upsetting to your child? (fears, tensions, etc.) _____

What does your child do to show that he/she is upset? _____

Does your child need help with dressing or toileting? _____

What words does your child use when asking to use the toilet? _____

Is your child accustomed to taking an afternoon nap? _____ How long? _____

Does your child sleep well during the night? _____ What is his/her usual bedtime? _____

Do you have pets at home? _____ Kind: _____ Names: _____

Family status: Parents living together: _____ Separated: _____ Widowed: _____

Siblings: Names and ages (notes if siblings are also enrolled):

What will be your child's arrival time? _____ Departure? _____

Please list any special characteristics or any information that will aid us in understanding your child and making this an enriching experience:

Parent's Signature _____

Date: _____