

## General Information for Extended Care & Preschool

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?

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

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