



Child Information Sheet

Please fill in this questionnaire so Morningstar Learning Center staff may better understand your child.

Child's Name _____ **Date** _____

1. What time does your child go to bed at night? _____

2. What time does your child wake up in the morning? _____

3. Please list your child's most liked foods:

Lunch _____

Snack _____

4. List the foods your child likes least or just will not eat _____

5. Does your child usually take naps? How long? Times of naps?

6. Does your child have any fears such as dogs, sirens, storms, etc?

7. Type of pets at home?

8. Has your child stayed with any other adults besides parents?

9. What are your child's favorites... playthings? Pets? Books?

10. What activities does your child spend most of his waking hours doing at home?

Thank you for taking the time to fill out this form. Let us know if we can answer any questions you might have!

11. Does your child have any particular habits or mannerisms such as thumb sucking or nail biting? If so, please describe:

12. What are your accustomed methods of reassuring and rewarding your child?

13. What are your accustomed methods of responding to your child's negative behavior?

14. Do you have any outstanding concerns?

15. Please add any comments that may help me to understand your child. (Ex. Calming techniques etc.)

16. Are there any foods or drinks your child cannot have? (i.e. allergies or dental problems)

17. Check some words that describe your child:

Happy	Assertive	Friendly	Moody	Dependent	Impulsive
Attentive	Stubborn	Fearful	Quiet	Sleepy	Good-Natured

18. Has your child ever been in preschool or daycare?

If yes, why did you leave your last childcare provider?
