



About Your Child

Either print this form and fill it in by hand,
or type onscreen and then print it.

Your Name _____ Your Child's Name _____

What **foods** does your child especially **like**? _____

What **foods** does your child especially **dislike**? _____

Favorite toys, **games**, activities? _____

Is your child **toilet trained**? No Yes

If yes, do they need help with toileting? No Yes

How does your child express **anger** or frustration? _____

Does your child have any special **fears**? _____

When your child is upset, what helps to **comfort** him/her? _____

How do you **discipline** your child? _____

Has your child been taking afternoon naps? No Yes

If so, how long are they? _____ If not, why? _____

Does your child have a special toy or blanket for **napping**? _____

Describe any special **family** situations (e.g., custody specifications) that we should know about

Do you anticipate any **adjustment** problems? _____

Are any development issues (slow, advanced) diagnosed or suspected? No Yes

If so, please describe _____

Please list any daycare your child has previously attended _____

Were there any problems at that daycare? _____

Please describe your **expectations** of Bambinos _____
