NEW CHILD ORIENTATION INFORMATION

Child's Full Name_____ Nickname _____

Age _____   Birthday _____

Backgrounds and Interests:

Has your child been in daycare before? Yes___   No___

Does your child have a special diet? _____   Are there any foods that should not be served to your child? Yes ____ No ____ If yes, please list the food and reason _____
_____

Your child's favorite foods _____

Least favorite foods _____

Does your child eat independently? Yes ___ No ____

Does your child require: bottle___ sippy cup___ high chair___

Languages spoken in the home _____

Routines:

Does your child have a regular bedtime schedule? Yes___ No____

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

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

Does your child take naps? Yes___ No___ If yes, how long does your child usually nap?
_____

Does your child have any problems getting to sleep or staying asleep? If yes, explain_____
_____

Does your child have a comfort item? Yes___ No___ If yes, describe _____

Health Concerns:

Does your child have any known health concerns? Yes_____   No_____ If yes, please describe
_____

Does your child take any medications on a regular basis? Yes_____   No_____   If yes, list the medication(s), dosage and how often taken _____
_____

Are there any hearing or vision problems? Yes_____   No_____ If yes, please describe_____
_____

Does your child have any known allergies Yes_____   No_____ If yes, please list the allergy and how it is dealt with _____
_____

Behavior

How do you "reward" or "discipline" your child? _____
_____

What are your child's favorite activities?_____

Is there anything your child is afraid of? Yes_____   No_____ If yes, describe _____
_____

About Your Family:

Does child have any siblings? Yes_____   No_____   Their names are
_____
_____

Does the family have any pets Yes_____   No_____   What kind? _____

Please describe family traditions, customs, and cultures considered important to child's identity
_____
_____
_____
_____

Parent or Guardian: _____ Date: _____