CHILD'S GENERAL INFORMATION

CHILD'S BROTHERS & SISTERS:

NAME: _____ *DOB:* _____ *SEX: M F*
NAME: _____ *DOB:* _____ *SEX: M F*
NAME: _____ *DOB:* _____ *SEX: M F*
NAME: _____ *DOB:* _____ *SEX: M F*
NAME: _____ *DOB:* _____ *SEX: M F*

OTHER PEOPLE LIVING AT HOME:

NAME: _____ *RELATIONSHIP:* _____
NAME: _____ *RELATIONSHIP:* _____
NAME: _____ *RELATIONSHIP:* _____

HAS YOUR CHILD ATTENDED DAYCARE BEFORE: YES NO

IF YES COMMENT: _____

PLEASE DESCRIBE YOUR CHILDS SLEEPING PATTERN AND HABITS:

_____

IS YOUR CHILD TOILET TRAINED. : YES _____ *NO*_____

_____

DESCRIBE ANY HABITS OR SPECIAL TRAITS YOUR CHILD MAY HAVE:

SPECIAL WORDS YOUR CHILD USES IN YOUR LANGUAGE:

_____

FAVOURITE ACTIVITIES:

_____

DESCRIBE ANY LIKES/DISLIKES YOUR CHILD MAY HAVE:

_____

WHAT IS YOUR CHILDS USUAL REACTION TO POSITIVE REINFORCEMENT

CHILD'S GENERAL INFORMATION

WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD DURING HIS/HER STAY AT OUR CENTER:

_____

_____

_____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR HAS BEEN ASSESSED FOR SPECIAL NEEDS: IF YES, PLEASE EXPLAIN

_____

_____

PLEASE DESCRIBE ANY MAJOR INJURIES OR SURGERY YOUR CHILD MAY HAVE HAD:

_____

_____

_____

ADDITIONAL COMMENTS YOU FEEL WE SHOULD HAVE CONCERNED YOUR CHILD:

_____

_____