

Fresh Start Early Learning Center

CHILD INTRODUCTION FORM

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating \_\_\_\_\_

Sleeping \_\_\_\_\_

Toileting \_\_\_\_\_

Daily Activities \_\_\_\_\_

Fears \_\_\_\_\_

Likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Habits \_\_\_\_\_

Favorites \_\_\_\_\_

Tell me a little about where your child is developmentally

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other information should I know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. I am better able to help your child when you inform me of situations and/or events that might influence his/her overall behavior such as:

- Divorce.
- Separation from a relative or friend.
- Death of a relative or friend.

Knowing about these transitional times allows me to give special attention, understanding, and care. The information you give me will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_