



Kids Kottage Learning Center, Inc. Child Information Sheet

Child's last name	Child's first name	Nickname
Today's Date	Child's Date of Birth	
Has your child ever been in a child care setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? Please describe your child's experience:		
Who has legal custody of the child? Please list any visitation or custody restrictions:		
Does your child have an existing condition of which Kids Kottage should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Is your child able to fully participate in all of the activities offered by Kids Kottage? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
Does your child have any allergies (food, bee sting, medications, other)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Does your child have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Does your child require any medication, medical treatment or therapy while in child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Does your child function at an age-appropriate level? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
Please give us a brief assessment of your child's overall health:		
Does your child speak/understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child speak/understand other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		
Does your child have any problems at mealtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

<p>What is your child's sleeping pattern (day and night):</p> <p>How do you put your child to sleep?</p> <p>Does he/she cry when tired? _____ Waking? _____</p>
<p>Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you are currently in the process, please explain your routine:</p>
<p>Does your child ask to use the toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What words does your child use when he/she needs to use the toilet?</p>
<p>Please share with us any other information regarding your child's toilet training that may be helpful to our staff:</p>
<p>How does your child get along with other children?</p>
<p>What does he or she enjoy doing with them?</p>
<p>Is your child friendly? _____ aggressive? _____ shy? _____ withdrawn? _____</p>
<p>Does your child play well alone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>How does your child get along with other adults?</p>
<p>What does your child enjoy doing with you or other adults?</p>
<p>What are your child's favorite toys/activities?</p>
<p>How does your child show his/her feelings?</p>
<p>How does he or she react to frustration?</p>
<p>Does your child have any special fears or concerns?</p>
<p>Is your child frightened by animals? Rough children? Loud noises? The dark? Storms? Anything else?</p>
<p>How do you feel your child will adjust to the child care setting?</p>
<p>Who does most of the disciplining in your home?</p>

What is the best way to discipline your child?

How do you comfort your child?

Does your child use a special comforting item (such as a blanket, stuffed animal or doll)?

To the best of my knowledge, the information and the statements I have provided to Kids Kottage on this Child Information Record are correct and complete. I understand that providing or withholding false information herein or in connection with the enrollment process may result in the immediate disenrollment of my child.

Signature of Parent/Guardian _____ *Date* _____

Please print name _____