



New Life

Community Christian School

All About Your Child Information Sheet

Child's Name & Birthdate: _____

1. What FOODS does your child especially like?

2. Especially DISLIKE?

3. Favorite toys, games, activities?

4. Is your child TOILET TRAINED? _____ What words does your child use for toilet?

5. How does your child express ANGER or frustration?

6. Does your child have any special FEARS?

Explain _____

7. When your child is upset, what helps to COMFORT him/her?

8. How do you DISCIPLINE your child?

9. Has your child been taking an afternoon NAP? _____ If so, how long? _____

10. Special toy or blanket for NAP?

11. Special FAMILY situations? (*such as custody specifications, problems arising from situations, etc.*) _____

12. Anticipated ADJUSTMENT problems?

14. Previous childcare child has attended:

15. Any problems at previous preschools?

16. EXPECTATIONS:

17. Other COMMENTS?
