

TELL US ABOUT YOUR INFANT & TODDLERS 2020-2021

Please complete the following information to help us get to know your child better. **Just For KIDS Preschool and Learning Center** is excited to get to know your child so we can help encourage, stimulate, and develop your child's growth.

Child's registered program/class _____

Child's First and Last Name _____ Nickname _____

Birth date _____ my child is the... Oldest Middle Youngest; How many siblings are there? _____

Is your child adopted? Yes ___ No ___ If yes, do they know? Yes ___ No ___ My child is: Right ___ Left ___ handed

What language(s) is spoken in your home? _____

Any health concerns? If yes, explain: _____

Any food/or seasonal allergies? Explain: _____

Favorite foods? _____ Least? _____

I would characterize my child as ___ friendly ___ shy ___ active ___ sensitive ___ aggressive Other: _____

Does your child know any children in his/her class? Yes ___ No ___

Does your child have a regular bedtime? Yes/Time _____ No _____

How does your child like to be comforted? _____

How does your child comfort him/herself? _____

What would you like your child to gain from their experience this year? _____

Has your child met developmental milestones? Yes _____ No _____

Do you have any developmental concerns about your child? If yes, please explain: _____

What family or cultural traditions are important in your home? _____

Parent/Guardian Signature: _____ Date: _____

Infant Schedule

Child's Name: _____ DOB _____

Feeding:

Bottles: ___ breast ___ formula ___ milk

Frequency: _____

Food: ___ baby ___ table

Frequency: _____

Naps:

Frequency: _____

Length of time: _____