

CHILD INFORMATION

Child's Full Name _____ Date of Birth _____

GENERAL INFORMATION--ALL AGES

1. Child's special interests/Favorite Toys: _____

2. How do you comfort your child? _____

3. Please circle the behaviors you find most applicable for your child:

CHEERFUL	ACTIVE	SHY	PHYSICAL	OUTGOING
QUIET	CALM	LEADER	SENSITIVE	INDEPENDENT

Additional comments regarding your child's behavior: _____

4. List any fears your child has and how they typically express their fear: _____

DAILY ROUTINES--INFANTS (for children under 16 months old)

Breast milk ____ Iron Fortified Formula ____ Whole Milk ____ Juice ____

Does your baby have any special feeding requirements? _____

How often does your baby need to be fed? (frequency and approximate times) _____

Does your baby eat solid foods? Specify _____

Does your baby cry when going to sleep? _____ Does your baby use a pacifier?

SLEEPING HABITS--INFANTS, TODDLERS, AND PRESCHOOLERS

Does your child have a security item (Blanket/stuffed animal) they need for naps?

What is your child's current sleeping schedule?

Night Time _____ to _____ AM Nap _____ to _____ PM Nap _____ to _____

DIAPERING AND TOILETING--INFANTS, TODDLERS, AND PRESCHOOLERS

Does your child get frequent diaper rashes? If so, how do you treat them?

Does your child have constipation problems? Is your child toilet trained?

ADDITIONAL COMMENTS--ALL AGES

At Cornerstone, we strive to offer the individualized care that each child deserves. Please add any additional information that you feel would be beneficial for your child's teacher to know.