

FIRST ASSEMBLY OF GOD
CORNERSTONE DAYCARE LEARNING CENTER
1400 W. Washington Center Rd. Fort Wayne, IN 46825 (260)489-3737

GETTING ACQUAINTED WITH YOUR CHILD

Date _____

Last Name	First	Middle	Nickname
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Siblings:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

List members of your present household not listed above (other relatives, roomers, maid, etc.) _____

Favorite play materials _____

Special interests _____

Pets _____

What opportunities does your child have to play with others the same age? _____

If your family is affiliated with a church in the community, which one? _____

Is your child involved in Children's Ministry, ie Sunday School, Children's Church or Nursery? Please list _____

Has child attended any other pre-school or daycare? _____

Name of school or daycare center _____

EATING:

Does child like to eat? _____ Does child feed him/herself? _____

Are there any allergies? _____

Any difficulties with eating? _____

FEARS:

Does child have any fears? _____ storms _____ dark _____ bathroom _____

Animals _____ Being alone _____ Other _____

HEALTH:

Does child take medication regularly? _____

Any health problem or handicap? _____

DRESSING:

Does child need help with any of the following:

socks _____ coat _____ mittens _____

shoes _____ boots _____ shirt/dress _____

SLEEPING:

What time does child go to bed? _____ Get up? _____

Does child nap? _____ How long? _____ When? _____

Does child have a special toy to nap with? _____

What is child's routine in preparation for rest? (i.e. story time, quiet play, snack, etc.) _____

TOILETING:

Is child toilet trained? _____ Tells an adult? _____

Does child eliminate by him/herself? _____

Does child need to be reminded? _____ At what time intervals? _____

Does child need help with clothing? _____

Does child have certain words to indicate a need to eliminate? _____

Any other information we should know in order to help us know your child better? _____

Other comments _____

Signature of Parent/Guardian