

ABOUT YOUR CHILD

1. What FOODS does your child especially like? _____
2. Especially DISLIKE? _____
3. Favorite toys, games, activities? _____
4. Is your child TOILET TRAINED? _____
5. How does your child express ANGER or frustration? _____

6. Does your child have any special FEARS? _____
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 afternoon naps? _____ If so, how long? _____
10. Special toy or blanket for NAP? _____
11. Special FAMILY situations, i.e. custody specifications, problems arising from situations, etc? _____

12. Anticipated ADJUSTMENT problems?

13. Any disorders/developmental (slow, advanced) diagnosed or suspected?

14. Previous daycare child has attended: _____
15. Any problems at previous daycare? _____
16. Your EXPECTATIONS of Brandi's Place: _____
