



In order to make the transition from home to daycare as comfortable as possible for your child, please complete the following questionnaire. The information will help us to continue routines from home throughout the day.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names & Ages of Siblings: \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_ Age

**Food Information:**

What does your child like to eat? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Any eating problems? \_\_\_\_\_

What does your child drink? \_\_\_\_\_

Name of Formula: \_\_\_\_\_

Approximate schedule for meals & snacks:

Time:	Item:	Spoon:	Bottle:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Sleep Patterns:**

Approximate time for naps: \_\_\_\_\_

Does your child sleep with a comfort object i.e. a pacifier? \_\_\_\_\_

**Miscellaneous:**

Is your child allergic to anything i.e. wipes, soaps? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Parent's evaluation of child's health: \_\_\_\_\_

Parent's evaluation of child's personality: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_