

welcome

I would like to take this time to welcome you and your family to Blessings From Above! I hope to see you and your family often. If you would please fill in the questions below to help us get to know your child a little better, this will make your child's experience in daycare smoother and more enjoyable. It also helps us know what to expect so that the staff is prepared to provide an enjoyable and quality experience!

1. What is your child's Name? _____
2. Does He/She have a nickname that they go by? _____
3. Has your child been to daycare before? _____
4. If Yes, why did you leave? _____
5. Was your child happier at your previous provider? _____
6. How long was your child under the care of the previous provider? _____
7. What did you like best about your previous daycare provider? _____
8. What did you like least about your previous daycare provider? _____
9. How would you describe your child's personality? _____
10. Does your child have any siblings?
 - a. He/She has _____ brothers and _____ sisters
11. Is your child a picky eater? _____
12. What are some of your child's favorite foods? _____
13. What are some of your child's least favorite foods? _____
14. Are nap times a struggle for your child? _____
15. Do you have any suggestions or certain routines that may make nap time a more enjoyable time for your child? _____
16. Does your child have any major problems that I and the staff should be aware of? _____

a. Please Describe: _____

17. Does your child take any sort of medications on a daily basis?

a. Please Describe: _____

18. Will we need to administer this medication while the child is under our care?

Yes/No

19. Does your child have any known allergies?

a. Please Describe: _____

20. Does your child take allergy medication?

21. Does your child need or use an inhaler?

22. Does your child wear glasses?

Please Note: We will not be held responsible for any damage that results from your child needing to wear glasses. Please understand that small children have a tendency to loose items and to break things, We ensure you that we will do our best to prevent these things from happening and that the child takes care of their belongings but please do understand that these issues should not be unexpected.

Please Check Box To Acknowledge

23. Does your child have a physical or mental disability?

a. Please Describe: _____

Parent/Guardian Signature:

Date: