



First Start Childcare and Learning Center

Child Information Sheet

Tell us about your child

Child's Name: _____ Date of Birth: _____

Any known allergies: _____

Favorite Foods: _____

Food Dislikes: _____

Usual meal times: Breakfast: _____ Lunch: _____ Dinner: _____

Does your child take a nap? _____ If so for how long? _____

Usual nap time? _____

Is your child afraid of anything? _____

Has your child been in care before? _____

How do you discipline your child? _____

How does your child learn best? (doing, hearing, watching) _____

Favorite Games or Activities: _____

What would you like your child to accomplish over the next year?
