

GIANT STEP PRESCHOOL AND CHILD CARE CENTER



"We take learning a step farther...."

Parent: Please answer the following questions so we may learn about your child.

Name: _____

1. What are your child's favorite activities

Indoor _____

Outdoor _____

2. What are your child's favorite foods? _____

3. What foods does your child dislike? _____

4. List any food allergies your child has. _____

5. List any medication allergies your child has. _____

6. Describe any special physical (speech, hearing, visual, motor) needs does your child have?

7. Describe any special learning needs does your child have? _____

8. What other special concerns does your child have? _____

9. What are your child's napping habits? _____

10. What does your child say when they need to use the toilet? _____

11. What type(s) of discipline are used at home?

12. What suggestions about discipline do you have? _____

13. What are your child's fears? _____

14. What goals, hopes, and/or dreams do you have for your child?

Contact Information

Kari Way, Director (970) 675-2671 giantstep@centurytel.net

Child Information Sheet Continued...

Name: _____

15. Why is your child special? _____

16. What 5 words best describe your child? (e.g. quiet, busy, stubborn, polite, shy, well-mannered etc.)

17. What things do you and your child enjoy doing together?

18. List any pregnancy, birth or newborn complications _____

19. What, if any, other information would you like to provide? _____

20. What, if any, suggestions do you have for us? _____

21. What, if any, questions do you have us? _____

Thank you for taking time to complete this information sheet . We want to provide the best environment for your child, and knowing about them will help us create that environment.