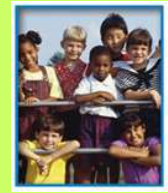


GIANT STEP PRESCHOOL AND CHILD CARE CENTER



"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 your child has?

7. Describe any special learning needs your child may 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

Ingrid Reed, 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.