# CHILD INTRODUCTION FORM

 **KINGDOM KIDS DAY CARE & ACADEMY**

 **2001 N Valley Mills Dr Waco, TX 76710 254-772-5145**

Child’s Name Gender Birthday Does your child have a nickname? Has your child been in child care before?  Yes  No

If yes, please describe the type of program or care situation

Does your child have any siblings? Please tell us about them.

What language is spoken at home? I can do this all by myself:

* Roll over  Sit up  Crawl  Walk
* Eat  Use the toilet  Wash my hands  Put my shoes on  Put my jacket on

# Please help us get to know your child. What are his/her routines, likes, dislikes etc.

Eating

Sleeping

Toileting

Daily Activities

Fears

Likes

Dislikes

Habits

Favorites

What self-soothing strategies does your child use?

What guidance strategies are used at home?

Does your child have any known medical issues or concerns?  Yes  No

Please describe

Does your child on any medications?  Yes  No

Please list

Does your child have any known allergies?  Yes  No

Please list

Does your child have any dietary restrictions, family dietary preferences?  Yes  No

Please describe

Tell us a little about where your child is developmentally

What other information should we know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. We are better able to help your child when you inform us of situations and/or events that might influence his/her overall behavior such as:

* + Divorce.
	+ Separation from a relative or friend.
	+ Death of a relative or friend.

Knowing about these transitional times allows us to give special attention, understanding, and care. The information you give us will remain confidential. Has anything happened recently in your child’s life that might have an effect on her/him?