

Getting to know you

Please tell us about your family and child so we can know and understand your child better. The information you provide below will help us do our very best to help your child grow and thrive.

****Please note that all questions are completely optional and are meant for us to get to know your child and family better so that we may understand and be able to provide the best possible care for your child. Your child's Health, well-being and happiness are our top priorities****

General Information

Does your family have experience with daycare services at another daycare facility?

- No
- Yes – if yes, Was this a positive or negative experience?

What did you both enjoy and not enjoy about your previous childcare experience?

How can we help to ensure your time with our facility is a positive experience?

What are your expectations from our facility?

What is your family living situation?

What is your parenting style like? **Enchanted Treehouse Preschool follows Conscious Discipline practices**

Child Information

How would you describe your child's personality? (Is your child shy or outgoing? Do they like structure or thrive on spontaneity? What are their strengths and challenges?)

What is your child interested in? What have you noticed gets them excited at home?

Does your child have any known health care problems?

Does your child take any medications?

- No
- Yes – if yes, do these need to be administered while your child is in our care?
- No
- Yes – we will need to have a Medication Administration form filled out and signed by your doctor.

Are there any indications of hearing or vision problems?

- No
- Yes – If yes, please explain: _____

Does your child have any physical or mental disabilities?

- No
- Yes – If yes, please explain. Are there any accommodations we can make to help your child?

Does your child have special learning needs? _____

Anything else you would like to share about your child?

Do you have any questions or concerns?

Feeding Plan

This section must be completed for all children 0 to 15 months of age by the parent and reviewed by Enchanted Treehouse Preschool.

Child's Name: _____ Date of Birth: _____

At home, my child eats:

Type of Food	From (e.g. mom, bottle, cup, other)	How often or approximate time(s) of day	Average amount per feeding	Other details about feeding
Breast milk				
Formula Brand:				
Milk (12 months +) Type:				
Infant Cereal Type/brand:				
Baby food				
Table foods				
Other (describe):				

How does your child show you he/she is hungry?

Are you aware of any food allergies or sensitivities that your child has?

Child's usual dining habits: (please check all that apply)

- High Chair
- Booster Seat
- Table Chair
- Other: _____

- Bottle
- Sippy Cup
- Cup
- Other: _____

Does your child eat unaided?

- Yes
- No – If no, please explain how child usually eats: _____

Does he/she enjoy eating?

- Yes
- No

Does your child have any problems with feedings, such as gagging, choking or spitting up?

- No
- Yes - If yes, please explain: _____

I plan to come to the child care to nurse my child at the following time(s): _____

My usual pickup time will be: _____

If my child is crying or seems hungry shortly before I am going to arrive, please try the following to soothe my child (choose as many as apply):

- Hold my child
- Use the teething toy I provided
- Use the pacifier I provided
- Rock my child
- Give a bottle of my expressed milk
- Other (specify): _____

Sleep Information

Does your child have a regular bedtime/naptime schedule?

- No
- Yes – If yes, Please explain: _____

What time does your child usually wake up in the morning? _____

Does your child have trouble sleeping?

- Yes
- No

If infant, how do you usually put your child to sleep?

****Enchanted Treehouse Preschool follows all safe sleep practices, including putting infants under 12 months to sleep on their backs****

- Back
- Stomach
- Side

Does your child use a blanket and/or sleep sac? _____

Does your child usually nap?

- No
- Yes - If yes, what times and for how long? _____

Are there any special bears, blankets, etc. that your child needs to go to sleep?

What is your Child's mood upon waking up? _____

Is there anything your child needs upon waking up? _____

How can we help to ensure a smooth transition to and from nap for your child?
