Name of Family/Child:	Date:	
Has your child been in daycare before?		
If yes, for how long?		
Why was care terminated?		
Is your child involved in any other social actitity	with other children?	
Does your child have any social/behavioral	issues the provider should be aw	are of?
How long do you expect to be needing child	l-care short term, few weeks OR	long term, years?
Does your child have any known health issu	ies?	
Does your child have any special needs (rel	igious, food allergies, etc.)?	
Are you (or a designated person) able to pic	k up the child in case of an illnes	s or emergency?
Do you have backup care should the provid	er have to close for the day?	
What is your child interested in, his/her likes	s?	
What are his/her dislikes?		
What type of eater is your child?		
Favorite foods?		
Least favorite foods?		
What type of sleep schedule does the child	have?	
Does your child fall asleep easlily, using pa	cifier, security blanket, music?	