



**NEW CHILD ORIENTATION INFORMATION**

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

Has your child been in daycare before? No \_\_\_\_\_ Yes \_\_\_\_\_ Circle one: In-home Center Family/Friend

**Eating Habits:**

Does your child have a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain \_\_\_\_\_

Are there any foods that should not be served to your child? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please list the food and reason \_\_\_\_\_

Your child's favorite foods \_\_\_\_\_

Least favorite foods \_\_\_\_\_

Does your child eat independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child require: bottle \_\_\_\_\_ sippy cup \_\_\_\_\_ high chair \_\_\_\_\_?

**Sleeping Habits:**

Does your child have a regular bedtime schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

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

What time does your child usually go to bed at night? \_\_\_\_\_

Does your child take nap? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where does your child sleep and for how long \_\_\_\_\_

Does your child have any problems getting to sleep or staying asleep? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Does your child have a comfort item? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

**Health Concerns:**

Does your child have any known health concerns? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication on a regular basis? Yes \_\_\_ No \_\_\_ IF yes, list the medication(s), dosage and how often taken \_\_\_\_\_

\_\_\_\_\_

Are there any hearing or vision problems? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Does your child have any known allergies Yes \_\_\_ No \_\_\_ If yes please list the allergy and how it is dealt with \_\_\_\_\_

\_\_\_\_\_

**Behavior:**

How do you "reward" or "discipline" your child? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

Is there anything your child is afraid of? Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

**About the family:**

Does your child have any siblings? Yes \_\_\_ No \_\_\_ Their names are \_\_\_\_\_

Does the family have any pets? Yes \_\_\_ No \_\_\_ What kind? \_\_\_\_\_

Please describe any family tradition and/or customs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_