

# Personal Information Sheet

## Tell Us About Your Child

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What does she/he like to be called? \_\_\_\_\_

Does she/he have a favorite security item? (blanket/doll) \_\_\_\_\_

Does your child usually take naps? \_\_\_\_\_ How long? \_\_\_\_\_

Describe your child's personality? \_\_\_\_\_

How does she/he respond when upset?

\_\_\_\_\_

What is her/his favorite activity? \_\_\_\_\_

What words for toileting? \_\_\_\_\_ Does your child sit or stand? \_\_\_\_\_

What upsets your child, how is it handled at home? \_\_\_\_\_

Any special fears? \_\_\_\_\_

What form of discipline do you use at home?

\_\_\_\_\_  
\_\_\_\_\_

How does your child let you know when something is wrong? (illness, pain) \_\_\_\_\_

\_\_\_\_\_

Tell us what else you'd like us to know about your child?

\_\_\_\_\_  
\_\_\_\_\_

### Allergies

Please list all allergies below. Allergies must be documented by a physician

Allergy \_\_\_\_\_ Indications: \_\_\_\_\_

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