



Please fill out this form to help us get to know you and your child.
Please be sure these forms are updated as soon as any change occurs.

Child's Name _____ **Birthdate** _____

1. What are your child's eating habits? Would you call them a picky eater? _____
2. Does your child have any allergies (Food, Medication, Environment, etc)? _____
3. Are there any medical or physical problems that require special attention or that we should be aware of? _____

4. Is your child toilet trained? From what age? No Yes Age _____
5. What is your child's general temperament (Are they shy, fearful, flexible, etc.)? _____
6. Does your child display emotional fears, behavior problems, or difficulties in dealing with others? No Yes
7. What works best when you discipline your child? _____
8. What activities does your child enjoy? _____
9. How do you comfort your child? _____
10. Does your child need extra time/preparation to change from one activity to another? _____
11. Is your child frightened by animals, loud noises, new experiences? No Yes Detail: _____
12. Is your child mature for their age? No Yes
13. Does your child play well with others? No Yes
14. What skills and values would you like RCN to reinforce? _____
15. Have there been any significant changes in the past year? No Yes Detail: _____
16. What holidays does your family celebrate? _____
17. Is there anything else you feel we should know to deal more effectively with your child? No Yes

Reviewed with parent by (staff member): _____ Date: _____

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date