

Little Farmers Academy
Child Information Sheet

Full Name: _____

Birthdate: _____

Nickname/Preferred Name _____

What is your child's typical nap schedule? _____

Circle all that are used during nap time: Swaddling Sleep Sack/Wearable Blanket Sound Machine: White Noise

Sound Machine: Music Pacifier Stuffed Animal Blanket Other: _____

Do they have any specific nap routine that helps them settle? _____

Are there specific strategies that work to soothe them? _____

Do you use diaper cream? _____ Yes _____ No

If yes, what type? _____ How often? _____

Circle all that describe their personality: Shy Outgoing Playful Inquisitive Talkative Sneaky Cooperative

Creative Curious Defiant Demanding Perfectionist Strong-willed Moody Easily Distracted Bossy Loving Cautious

Do they have any habits (e.g. nail biting, thumb sucking, etc.) _____

How do they react to frustration? _____

What makes them angry? _____

How do they react when angry? _____

How do they respond to discipline? _____

What are your expectations for them at childcare? _____

What skill would you like them to learn? _____

Is there anything else we should know about your child? _____

Infant Only:

Does your child require breast milk, formula or both? _____

If formula-fed, what brand/type do you use? _____

Please outline your child's typical feeding schedule. _____

Parent Signature: _____ Date: _____