



In order to make the transition from home to daycare as comfortable as possible for your child, please complete the following questionnaire. The information will help us to continue routines from home throughout the day.

Name of Child: _____ Date of Birth: _____

Names & Ages of Siblings: _____
Age Age Age

Food Information:

What does your child like to eat? _____

What foods does your child dislike? _____

Any eating problems? _____

What does your child drink? _____

Name of Formula: _____

Approximate schedule for meals & snacks:

Time:	Item:	Spoon:	Bottle:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sleep Patterns:

Approximate time for naps: _____

Does your child sleep with a comfort object i.e. a pacifier? _____

Miscellaneous:

Is your child allergic to anything i.e. wipes, soaps? _____

Does your child have any special needs? _____

Parent's evaluation of child's health: _____

Parent's evaluation of child's personality: _____

Parent's Signature: _____ Date: _____