

Grace Pointe Child Development Ministries
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(317) 837-3307

CHILD INFORMATION SHEET

Name of Child: _____ Birthdate: _____

Nickname: _____

Names/Ages of Siblings: _____

Other Family Members Living in the Home: _____

By nature is your child friendly? Aggressive _____ Shy _____ Withdrawn _____ Other _____

Does your child show independence or dependence?

How does your child show his/her feelings?

Is your child destructive? _____ Yes _____ No _____ At Times _____ If so, in what way?

Does your child share his/her things willingly?

What is your child's attitude towards discipline?

How does your child react to other children?

How does your child react to adults?

How does your child react to new situations?

What are your child's insecurities?

Do you feel your child will adjust easily to day care?

What concerns do you have?

Does your child need help in any of the following areas? (Check all that apply)

___ getting dressed ___ washing up ___ feeding self

Bathroom needs: _____ is potty-trained _____ being potty-trained _____ needs assistance with using the toilet

Does your child need to wear a diaper/pull-up at naptime? _____ Yes _____ No

Does your child have daytime "accidents"? _____ Yes _____ No

If yes, how does your child react when this happens? _____

What is your child's typical bedtime? _____ What time does he/she awaken in the morning? _____

Does your child take naps? _____ Yes _____ No

Does your child have any difficulties speaking? _____ Yes _____ No

If yes, give details: _____

Does your child use any special words to describe their needs? _____ Yes _____ No

If so, please note them here: _____

Is your child usually hungry at mealtimes? _____ Yes _____ No Between meals? _____ Yes _____ No

What are some of your child's favorite foods?

What foods does he/she dislike?

Does he/she prefer to eat with _____ spoon _____ fork _____ hands _____ combination?

Any specific eating problems/needs we should be aware of?

Food allergies? _____ Yes _____ No

If yes, identify food and reaction to it: _____

What does your child like to do best? (Color, sing, be read to, watch TV, etc.)

What are your child's favorite play materials and toys?

Does your child enjoy listening to stories? _____ Yes _____ No

Playing with other children? _____ Yes _____ No

What is your child's favorite TV program/s?

Does your child have any special fears or problems we need to be aware of?: _____

Share any other information that we need to be aware of with your child?

