

**Application Forms**



**Child Intro Form**

Ages 2-4 years

Please help us get to know your child. What are his/her routines, likes, dislikes, etc.

Eating \_\_\_\_\_

Sleeping \_\_\_\_\_

Toileting \_\_\_\_\_

Daily Activities \_\_\_\_\_

Fears \_\_\_\_\_

Likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Habits \_\_\_\_\_

Favorites \_\_\_\_\_

Tell us a little about where your child is developmentally \_\_\_\_\_

\_\_\_\_\_

What other information should we know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. We are better able to help your child when you inform us of situations and/or events that might influence his/her overall behavior such as divorce, separation from a relative or friend, death of a relative or friend, or a recent change in situation.

Knowing about these transitional times allows us to give special attention, understanding, and care. The information you give us will remain confidential. Has anything happened recently in your child's life that might have an effect on him/her?