

FAMILY DAYCARE SUPPLEMENTAL FORM

(TO BE FILLED OUT BY THE CHILD'S PARENT)

Child's Name: _____ **DOB:** _____

1. List of child's frequent illnesses:

2. Allergic to:

3. Check the words which describe your child:

Calm	Easily Angered
Shy	Wants Own Way
Excitable	Gives in Easily
Happy	Temper Tantrums
Sensitive	Bad Language
Loud	Jealous
Quiet	Bites
Stubborn	Shares Things
Curious	Hyper-active
Active	Bright
Destructive	Slow-Learner
Busy	Content

Other: _____

4. How well does your child get along with other children?

5. What behavior do you find most difficult for you to handle?

6. Licensed family daycare homes are not allowed to use spanking as part of discipline with the daycare children. What methods of discipline do you find work best with your child?

7. What are the child's favorite play activities? (imaginative games, active play such as jungle gym, swings, puzzles, dramatic play, etc.)

8. What is your child afraid of? (storms, dark, etc.) How do you soothe him/her?

9. If you child is potty training or going to be starting, do you have a plan for toilet training, so we can try to be consistent?

10. Other parent expectations or instructions:

Signature of Parent: _____ Date: _____