



335 5th Avenue | Moline, Illinois 61265

Child/Family Information Form

Child's Full Name _____ Birthdate _____

Child's Nickname _____

Family _____

Names of Brothers/Sisters _____ Birthdate _____

Names of Others Living in the Home _____ Relationship to Child _____

What language is spoken in your home? _____

Does your child have pets? No Yes; what are they? _____

Any food allergies/sensitivities? _____

Food Likes/Dislikes? _____

Does your child feed himself/herself? _____

What time does your child eat? Breakfast: _____ Lunch: _____ Dinner: _____

Any other allergies/asthma/medical conditions? _____

Is your child in diapers? Yes No Comments: _____

Has training begun? Yes No Comments: _____

Is your child trained? Yes No Comments: _____

Does your child need help? Yes No Comments: _____

What activities does your child really enjoy?

Where has your child had previous daycare/preschool experiences?

Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	