



# Getting To Know Your Child

Please answer the following questions as accurately as possible. Your answers help provide us with insight that allows us to better care for your child! Thank you!

Ages 2- School Age

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Food allergies \_\_\_\_\_ Other allergies \_\_\_\_\_

Does your child have any health problems, special needs or physical limitations? \_\_\_\_\_

Continuous medications (meds taken for specific conditions child may have)? \_\_\_\_\_

Will medications need to be administered during your child's day at Joyful Noise? Name of meds and time given? *If so, please refer to our health policies regarding medicine permission slips and administering of medicine to child.* \_\_\_\_\_

We provide Rocky Mountain Sunscreen SPF 50 to children in our care. Will your child use this (see the sunscreen info here: <https://www.joyfulnoisekids.com/pdfs/JNSunscreenInfo.pdf>), or do you prefer to send your own? \_\_\_\_\_

Please note some of your child's interests, likes, and dislikes. \_\_\_\_\_

Has your child had experiences in childcare before? If so, for how long? Was it in a home setting or center? \_\_\_\_\_

How does your child react when you leave them with others (particularly new people)? \_\_\_\_\_

Does your child take a daily nap? If so, when and for how long? \_\_\_\_\_

Is your child a heavy or light sleeper? \_\_\_\_\_

What makes your child upset? Frightened? \_\_\_\_\_

How does your child show their feelings? \_\_\_\_\_

Does your child have a comfort item? \_\_\_\_\_

How does your child prefer to spend their time at home/outside of school? \_\_\_\_\_

Do you have any special living arrangements that we should be aware of? \_\_\_\_\_

Please carefully consider the following and check each item that applies to your child  
(there are no "right" or "wrong" responses):

My Child Is:

- Outgoing    Passive    Independent
- Confident    Aggressive    Attached/Dependent
- Social w/Peers    Assertive    Attentive
- Shy    Verbal    Easily-distracted
- Anxious    Non-Verbal    Strong-willed
- Active    Calm

My Child Prefers:

- to play alone
- to play with other children/peers
- to lead
- to follow
- having choices/relaxed routine
- a predictable/structured routine

Toilet Training and Current Skills

- Communicates need to use the bathroom (both for urine and bowel movements)
- Needs reminders to use the bathroom.
- Successfully wears underwear, with very few or no accidents    Needs help pulling pants up or down
- Needs help wiping (particularly w/bowel movements)    Wears diapers/pull-ups(all day or just for nap?\_\_\_\_\_)
- Shows interest in using the bathroom (if not toilet-trained)    Not interested in using the bathroom yet
- Has regular bowel movements    Is often constipated

Do you have any concerns about your child and their development? If yes, please share: \_\_\_\_\_

What are your child's strengths and best personality attributes? \_\_\_\_\_

What are some recent developmental milestones your child has reached (for example: finished potty-training)? \_\_\_\_\_

Tell us about discipline methods that you use at home (for example: positive reward system, time-outs, etc.)

\*Please note that Joyful Noise uses the "Conscious Discipline" method \_\_\_\_\_

Is your home routine relaxed/flexible, structured, or a little in between? Please describe: \_\_\_\_\_

Do you give your consent for us to use photos that may include your child on our blogs, website and/or social media? (names are never used to protect children's privacy) \_\_\_\_\_

**\*Please return this completed questionnaire to your child's teacher, along with a photo of your family 😊**