

FAMILY DAY CARE SUPPLEMENTAL FORM

TO BE FILLED OUT BY THE CHILD'S PARENT:

Child's Name: _____ Address: _____ DOB: _____

1. List of child's frequent illnesses: _____

2. Allergic to: _____
3. Underline word or words which describe your child: calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, wants own way, destructive, gives in easily, temper tantrums, bad language, jealous, bites, shares things, hyper-active, bright, slow-learner, busy, contented, other, (describe): _____

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 day care homes are not allowed to use spanking as a part of discipline with the day care 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. If your child is school age, does he have permission from you to play in the neighborhood: _____

9. Like most families, we may occasionally go on outings. Your child will always wear an approved safety device while riding in the car. Do you approve of your child going along on outings?
YES _____ NO _____
WANT TO GIVE PERMISSION FOR EACH OUTING SEPARATELY _____
10. Other parent expectations or instructions: _____

Signature of Parent: _____ Date: _____