



NURSERY SCHOOL AND DAY CARE CENTER INC.

The First Step Nursery School and Day Care Center, Inc
1350 15th Street, Fort Lee, NJ 07024
firststep7.com
201-944-9642

CHILD'S INFORMATION SHEET

Please complete the following

Child	
Full Legal Name	Everyday Name
Date of Birth	Home Phone #
Home Address	
Eating	
If your child is an infant, is he/she on formula? Yes No	If yes, what type?
Does child take a bottle? Yes No	When?
Can child drink from a sippy cup?	Any cup? Yes No
Can child feed himself/herself? Yes No	Does child use Fork Spoon Hands
Favorite Foods	
Strong Dislikes	
Foods that Disagree	
Appetite Good Fair Poor	Is Child Left Handed Right Handed Undetermined
Sleeping	
Does child nap during the day?	What times?
Does child sleep with a toy?	What toy?
Is child accustomed to sleeping with others? Yes No	Any difficulty regarding sleep? Yes No
Special habits or requests at sleep time?	

Toileting	
Is child in diapers? Yes No	Has training started? Yes No
Does child need help going to the toilet? Yes No	How much?
Does child ask to go to the toilet? Yes No	Need to be reminded? Yes No
Usual time of bowel movements	
Name for urination	Name for bowel movement
Any difficulty regarding the toilet? Yes No	
Describe	
Play	
Does child play well with other children? Yes No	Siblings? Yes No
Kinds of toys child likes	
Does child use Words Phrases Sentences	
How well does child walk?	
Dressing and Undressing	
Can child dress and undress? Yes No	How much help is needed?
Observation of child and parent	
How does child react to strangers?	
Does child appear Very active Average mobility Passive	Child's ability to communicate Not at all Understands a little, but non-verbal Understands well, but non-verbal Understands well, and able to verbalize
Typical daily schedule of child	
Parents attitude towards child day care	
Parent / Guardian Signature	Date