

**Presbytery of Genesee Valley – Child Care Information Form**

Please fill in this questionnaire so we may better understand your child.

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Has your child been in daycare before? Yes \_\_\_\_\_ No \_\_\_\_\_

**Eating Habits:**

Does your child have a special diet? \_\_\_\_\_ Are there any foods that should not be served to your child?

If yes, please list the food and the reason \_\_\_\_\_

\_\_\_\_\_

List your child's favorite and least favorite foods \_\_\_\_\_

Does your child require a bottle \_\_\_\_\_ sippy cup \_\_\_\_\_ high chair \_\_\_\_\_ booster seat \_\_\_\_\_

**Sleeping Habits:**

Does your child take naps? If yes, how long does your child usually nap? \_\_\_\_\_

Does your child have any problems getting to sleep or staying asleep? If yes, explain

\_\_\_\_\_

**Health Concerns:**

Does your child have any known health concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does your child take any medications on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the medications/dosage/and how often taken: \_\_\_\_\_

Does your child have any known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the allergy and how it is dealt with: \_\_\_\_\_

**Behavior:**

How do you "reward" or "discipline" your child? \_\_\_\_\_

\_\_\_\_\_

**Bathroom Habits:**

Does your child use the bathroom alone at home? Yes\_\_\_\_ No\_\_\_\_

Does your child use diapers \_\_\_\_ “Pull up” pants \_\_\_\_

Is your child currently being potty trained? Yes\_\_\_\_ No\_\_\_\_

If yes, please list the training process and any communication/signal the child uses when needing to use the bathroom:

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**Bathroom Policy:**

No child, regardless of age, will be permitted to use a bathroom alone with an adult.

*Parents are expected to handle bathroom duties for their children. In the event that a child will need to use the bathroom, a parent will be contacted for assistance unless a waiver is signed by the parent.*

**Please sign below if you allow caregivers to accompany your child to the bathroom per the policy:**

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**Medication Policy:**

Child Care providers will not be responsible for administration of medication. *Parents are expected to administer any prescribed medication to their child and will be contacted to return for administration.*

**Please note below any prescription medication and required administration times:**

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Anything else about your child you feel we should know? \_\_\_\_\_

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**Contact Information:**

Please provide contact information – including cell phone number and your physical location (meeting rooms, etc), in case we need to contact you during the time your child is in our care:

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