

# About Your Child

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

1. Favorite toys, games and activities? \_\_\_\_\_

\_\_\_\_\_

2. How does your child express anger or frustration? \_\_\_\_\_

\_\_\_\_\_

3. When upset, what helps to comfort him/her? \_\_\_\_\_

\_\_\_\_\_

4. Previous child care he/she attended? \_\_\_\_\_

\_\_\_\_\_

5. Where there any problems at previous child care? \_\_\_\_\_

\_\_\_\_\_

6. Are there any special family situations (custody, etc.)? \_\_\_\_\_

\_\_\_\_\_

7. What are your expectations of Eagles' Nest Learning Center? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

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