

What is his general attitude toward eating? _____
If he refuses to eat, how is this handled? _____
Favorite Foods? _____ Disliked Foods? _____
Foods he is allergic to? _____

Sleep Habits:

Has room alone? _____ Share with other children? _____ Rooms with parents? _____
At night sleeps from _____ to _____ Average hrs. _____ Naps from _____ to _____
Attitude toward going to bed _____
If there is difficulty, how is this handled? _____
Habits associated with going to bed _____
Does he wet the bed? _____ At nap time? _____ At night? _____
If so, how is this handled? _____

Toilet Habits:

Does he go to the bathroom by himself? _____ Time of bowel movement _____
Regular _____ Constipated? _____ Does he go to the bathroom willingly? _____
Can he manage his clothes himself at the toilet? _____
What word does he use for urinating? _____ BM? _____

Speech and Physical Growth:

Does he talk well? _____ Fairly well? _____ Indistinctly? _____ Not at all? _____
Does anyone read to him? _____ How regularly? _____
At what age did he creep? _____ Crawl? _____ Walk? _____
Would you describe him as active or quiet? thin, average, or heavy? short, average, or tall? friendly or unfriendly? _____
Give below any other information you think we should have about your child:

EMERGENCY TREATMENT

I give my permission to the staff of Smith Pre-School to administer emergency treatment to my child as is indicated by the nature of the accident or injury. Smith Pre-School will get in touch with either parent or the person authorized by me to act in my behalf in case of emergency as soon as possible.

Parent's Signature