

Getting To Know You!

12 months and Up

Child's full name: _____

Date of birth: _____

Any nicknames? _____

Any siblings (Ages)? _____

Pets at home? _____

Languages spoken at home _____

Religious holidays observed _____

Here at Chesterfield Academy, we want to make sure we are providing your child with the best care possible. Please take a moment to fill out this form so that we can learn from you!

Does your child have any allergies/food allergies? If so, is an epi-pen required? What symptoms may present if exposed? Please list any dietary restrictions due to religious or personal reasons, a doctor's note may need to be provided per state regulations.

Does your child have any medical conditions we need to be aware of? Any special instructions?

Do you have any concerns at home with mealtimes?

Is your child still in diapers full time? _____

If your child is currently potty training tell us your strategy:

If your child is fully potty trained, do they still need a pull up at nap? _____

Does your child take naps at home? How many per day, what is the length? Any specific way your child goes to sleep?

Has your child been in a childcare setting before? Is there anything we should know about that experience?

Does your child have any fears we should be aware of?

What are you looking for most from Chesterfield Academy?

If at any time you have questions or suggestions about your child's care, please feel free to speak with your child's teacher. We look forward to building a relationship with your family and watching your child grow within our program!