In Person Interview

Family	Date:		
Parent	's Names:		
	Name(s):		
	Number:		
	(s)/Guardian(s):		
Father:	🗆 Working FT 🗆 Working PT 🗆 Not Working 🗆 Absent		
Mothe	r: 🛛 Working FT 🔅 Working PT 🔅 Not Working 🖓 Absent		
Is there	e a custody order? 🛛 Yes 🔅 No		
<u>Child(d</u>	lren):		
Nutriti	on:		
Does th	ne child have any special nutritional guidelines or requirements? Yes No		
If yes:	Medical Spiritual/Religious Personal Beliefs		
Explain	:		
Diaper	ing:		
	Every hours, wet or dry		
	As needed		
	Use diaper rash cream after every change		
	Child is prone to diaper rash		
	Other:		
Toilet 1	Fraining:		
	Is toilet trained		
	Is toilet training, currently in training diapers		
	Is toilet training, currently in diapers		
	Is not toilet trained. Would like to introduce at:		
	How do you/will you approach toilet training:		
Naps:			
	On demand (when tired)		
	Nap routine:		
	No nap		
Discipline:			
	What is your method of discipline at home:		

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Entertainment (check if okay):		
Television: How Long		
Computer: How Long		
Game console: How Long		
Health:		
Does your child have any special needs based on health issues? If yes, explain:		
Diagnosed Not diagnosed		
Does your child have any allergies?		
Is your child on any medication?		
Prescription Over the counter		
Religious/Spiritual Preferences:		
Does your child have any special needs based on religious or spiritual If yes, explain:		□ No
Former Daycares/Babysitters:		
1. Name: Comments:	Phone:	
2. Name:	Phone:	
Comments:		
3. Name:	Phone:	
Comments:		
Former Caregiver:		
Reason for leaving:		
Two weeks' notice given to former child care provider? Have given	□Will give	□Will NOT give
Miscellaneous:		
Is someone available to pick up your child by closing time? \square Yes	□ No	
Do you have emergency back-up care? Ves No		

Additional Comments: