

ST. KNOX

A C A D E M Y

AN ACADEMIC DAYCARE

Child Information

Child's Name: _____ Birth Date: _____

Siblings' Names: _____

Likes: _____

Dislikes: _____

Child's Routine (wake time, bedtime, mealtimes): _____

Nap Times: _____

Nap Companion: _____

Infant Sleep Position: Stomach Back Side

Sick Habits (how does the child act when he/she is sick): _____

List Any Medications: _____

List Any Illnesses, Health Problems and/or Surgeries: _____

List Any Special Needs: _____

Is child potty trained? Yes _____ No _____

Does child have a good appetite? Yes _____ No _____