



York University Co-operative Daycare Centre

Child's Background Information Form

Child's First Name: _____ Child's Last Name: _____

Describe your child's previous child care experiences? _____

Comment on your child's temperament, abilities, etc. _____

Does your child have any fears? Please describe. _____

Does your child have any brothers or sisters? Yes No

Name of Sibling	Date of Birth	Name of Sibling	Date of Birth

What languages are spoken at home? _____

What holidays and/or festivals are celebrated at home? _____

Sleep Routines

Does your child nap? Yes No

Please describe your child's nap routine. Does he/she have a special comfort toy, bottle, blanket, etc. _____

Feed Routines

Does your child feed him/herself? Yes No

Please describe your child's eating routine. _____

Does your child:

- partake in extracurricular activities? Please list: _____
- have any special interests? Please describe: _____
- have any pets? Please describe: _____

What other information would help us to transition your child into YUCDC? _____

Date

Parent/Guardian Signature

Parent/Guardian Signature