

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc): _____

How do you comfort child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this child care experience?

Is there anything else you would like us to know about your child?

Parent/Guardian Signature _____ Date _____