



Are there brothers, sisters, or other children in household? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc. which you feel would be relevant to his/her daycare experience?

What language(s) are spoken at home?

How is your child most easily settled when upset or afraid?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like me to know?

Parent/Guardian Signature: _____

Date: _____

Intake Initials: _____

Profile Date: _____

Alternate Contacts (be sure that these are people your child can be released to):

1. Name: _____ Relation to child _____
Phone# _____

2. Name: _____ Relation to child _____
Phone# _____

3. Name: _____ Relation to child _____
Phone# _____

Has your child had previous child care placement? Yes No

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, shy, etc.

What other characteristics would you attribute to your child (imaginative, sporty, etc.)

What do you expect from Once Upon A Time Child World?

Are there be any restrictions to play or activities?

Are there any difficulties with speech? Yes No

If yes, please specify: _____

Does your child indicate bathroom needs? _____

Does your child have any fears related to the toilet? _____

Does your child sleep in a bed, crib, other? _____

Does your sleep alone or with someone else? _____



634 Horton Street
Detroit, MI 48202
313-871-6202

CHILD'S PROFILE/CONTACT INFORMATION

Child's Name: _____ Birth date _____

Mother Contact Information:

Mother's name: _____

Mother's address: _____

Mother's Telephone: _____
(work) (cell) (home)

Mother's Employer (include Business name and address):

Employment Hours _____ a.m./p.m. To _____ a.m/p.m.

Father Contact Information:

Father's name: _____

Father's address: _____

Father's Telephone: _____
(work) (cell) (home)

Father's Employer (include Business name and address):

Employment Hours _____ a.m./p.m. To _____ a.m/p.m.

Child's health card # _____

(Please include a photocopy of both sides)

Doctor/Clinic name _____ Phone

Doctor/Clinic Location:

Health Form on File: Yes No