



New Horizon

1-5 Year Child Info Sheet

This form is for the purpose of gathering information about your child that will help your child's primary teacher meet his/her needs. All responses will be shared with your child's immediate caregivers.

Foods your child especially likes: _____

Foods your child dislikes: _____

Food Allergies or Intolerances your child has: _____

Does the child live with: _____ Both Parents? _____ Mother only? _____ Father only? _____ Guardian?

Please list other members of the household:

Name	Relationship	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's position in the family: _____

How would you describe your child's disposition? _____

Please describe any health problems or concerns: _____

Please answer the following to the best of your knowledge:

Infant Background

Age at which child first . . .

_____ Sat Alone _____ Crawled _____ Walked _____ Spoke First Word

Was your child breast fed? _____ Yes _____ No If so, how long? _____

Toddler and Preschool Background

My child: Speaks in sentences Began at what age? _____

Feeds self with spoon

Drinks from a cup

Has control of bladder Began at what age? _____

Has control of bowels Began at what age? _____

What method did or are you using to toilet train your child? _____

What words does your child use to indicate toileting needs? _____

Parent Signature

Date