

# Sunshine Kids Learning Center

(503) 385-7362

[debra@sunshinekidslearningcenter.com](mailto:debra@sunshinekidslearningcenter.com)

## GENERAL INFORMATION

Child's Name \_\_\_\_\_

First

MI

Last

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Day care previously attended \_\_\_\_\_ Phone \_\_\_\_\_

### Daily Routine

### Sleeping Habits

### Child's Fears

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Known Food Allergies \_\_\_\_\_

Eating Habits \_\_\_\_\_

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How would you describe your child's personality? Favorite activities? Favorite toys?

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Is your child toilet trained

\_\_\_Yes

\_\_\_No

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List family or friend your child may speak about often

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List any custody issues we should know about

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Additional Comments

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## Personal References

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relative  Yes  No

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relative  Yes  No

## Credit References

Name \_\_\_\_\_

Phone \_\_\_\_\_

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Account Number \_\_\_\_\_

