



Master Mind Child "All About Me" Form

Welcome To the Master Mind Family. Please complete this questionnaire so that we can learn more about your Child and his/her specific interests. We look forward to serving you.

Child's Information

First Name: _____ Last Name: _____

Nickname: _____

Gender: Male Female

Age: _____

Birthdate (Month/Day/Year): _____

Has Your Child Been to Day Care Before: Y / N

Is Your Child Potty Trained? Y / N

My Favorite Things

Favorite Activities: _____

Favorite Color: _____

Favorite Book: _____

Favorite Show: _____

Favorite Foods: _____

Least Favorite Foods: _____

Sleep Schedule

How Many Naps Does Your Child Take Daily: _____

Nap 1: Start Time: _____ Wake Time: _____

Nap 2: Start Time: _____ Wake Time: _____

Bedtime: _____

Medical History

Known Allergies: _____

Please list major past illnesses or any physical condition of which you are aware:

Diet

Does your child have any dietary restrictions: Y / N

If so please list: _____

Fine and Gross Motor Skills

Does your child have any handicap or require any special services: Y / N

If so please list: _____

Social Emotional Skills

Does your child throw temper tantrums: Y / N If Yes How Often: _____

Does your child enjoy playing alone: _____

How Does your child get along with others: _____

We look forward to serving you! Please list anything that was not asked that you would like us to know: _____

Parent/Guardian Signature _____ Date _____