



HoneyTree
EARLY LEARNING CENTERS

All the Pieces for a Happy, Healthy Childhood

INFORMATION SHEET

Child's Full Name _____ Birth Date _____

Siblings _____ Age _____

_____ Age _____

_____ Age _____

Pets _____

1. What has been your child's experience in a group child care setting and do you feel your child will adjust to HoneyTree?

2. What areas of development do you feel are most important? And what would you like your child to gain from his experience at HoneyTree?

3. What discipline techniques do you use with your child?

4. Does your child have any habits or items for security? How would you like us to handle them while at HoneyTree? (i.e. thumb sucking, nail biting, & blankets.)

5. Is there anything at home that HoneyTree should know about in order to better understand your child's behavior? (i.e. death in the family, new baby, or divorce.)

6. Tell us about your child's eating habits. What are his favorite and least favorite foods? _____

7. Does your child have any particular fears and what might help to comfort him?

8. What are your child's toileting habits? What words does he use for bathroom time?

9. What are your child's favorite activities and tell us about his personality?

