



AQUARELLE KIDS  
a c a d e m y

V-100608

**STUDENT SUPPLEMENTAL INFORMATION SHEET**

*Dear parent or guardian,*

*Thank you for answering this questionnaire with care. Knowing the answers to these questions helps us to make the transition from home to school smoother for your child and for us. This will also help us when we complete developmental checklist forms now required by the State of Florida.*

*Alison Petrie - Director*

Student's full name:	Nickname:	Birth date:
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**Members of the family living at home:**

Name	Age (of siblings)	Relationship	Name used by child

1. Did your child have a premature birth?	If so, how many weeks?
2. Has your child previously been in a child care center outside your home?	
3. Does your child take a nap? <input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____	
4. What does your child take to bed (blanket, bottle, pacifier, etc.)?	
5. How many hours does your child sleep at night? (approx.):	
6. Describe your child's appetite:  <input type="checkbox"/> always hungry <input type="checkbox"/> eats at mealtime <input type="checkbox"/> snacks all day <input type="checkbox"/> never hungry <input type="checkbox"/> has to be coaxed to eat	
7. Are there any foods your child may not or cannot eat due to allergies, religious customs, etc.?  If so, please list:	
8. Wears disposable diapers?	

9. Do you use special creams? _____ special wipes? _____ powder? _____	
10. Is diaper rash a problem?	If so, how do you treat it?
11. Is your child toilet trained or toilet training?	
12. If toilet training, does your child indicate bathroom needs?	
13. Wear diapers at nap time?	
14. Stand or sit at toilet?	
15. Does your child need help with toileting?	
16. Is diarrhea or constipation a problem?	
17. What language is spoken at home?	
18. Special Interests:  <input type="checkbox"/> singing <input type="checkbox"/> painting <input type="checkbox"/> stories <input type="checkbox"/> trucks <input type="checkbox"/> dolls <input type="checkbox"/> pets <input type="checkbox"/> music <input type="checkbox"/> outside play <input type="checkbox"/> Other	
19. Is your child enrolled in any extracurricular activities, e.g. T-ball, swimming or dance classes?	
20. What method of discipline is used at home?	
21. Is your child generally cooperative? _____ <input type="checkbox"/> shy? <input type="checkbox"/> competitive? <input type="checkbox"/> aggressive? <input type="checkbox"/> sensitive?  <input type="checkbox"/> submissive? <input type="checkbox"/> angry? <input type="checkbox"/> happy? <input type="checkbox"/> usually does what is asked of him/her? <input type="checkbox"/> seldom does what is asked of him/her?	
22. List behaviors characteristic of your child:	
23. Have there been any recent positive or negative changes in your child's life? For example, relocation of home, divorce and / or remarriage of parents, new siblings?	