

Building Rainbows Day School

A Terrific Place for Children to Grow and Play!

Family Information

Welcome to Building Rainbows!
Please share information with us about your child and your family.

Child's Name	Birth Date	Best Number to Contact You
Address	Zip Code	Enrollment Date
Parent First Names	Siblings	Allergies
Are you new to the Cypress area?	Pets	
Do you have any family living in this area - or Texas?	Grandparents, Aunts/Uncles, Cousins?	

Background information is a valuable tool - it provides us with "perspective"

Please describe your previous child care experience - have your experiences been positive? Negative?

How would you describe your child's temperament? Personality?	What does your child find most comforting when he/she is upset?
At your child's present point of development, what is the biggest challenge you face on a day-to-day basis?	Do you feel that your child has any developmental concerns? (speech, physical movement, behavior, vision/hearing, etc)
Do you have any special visitation/custodial arrangements/schedule? (i.e. every other weekend, alternating weeks, etc)	
Children require extra sleep to help them get through their busy days! What is your child's current nap routine? How long does your child nap?	

<p>Children develop their own "tastes" early - how would you describe his/her appetite? Favorite food? Dislikes?</p>	<p>Does your child eat breakfast? What does he/she eat and approximately what time?</p>	
<p>Has your child expressed any fears - is there anything that you know of that causes him/her to be anxious or apprehensive? (thunderstorms/rain/etc)</p>	<p>Does your child have any special dietary requirements?</p>	
<p>How do you handle disciplining your child? As parents, do you "walk to the same beat" when it comes to discipline or do you have different approaches?</p>		
<p>Do you have a "routine" in the evening? Bath/bedtime? What time do you aim for at bedtime? Does he/she sleep through the night?</p>	<p>How is your child at wake up? (happy/grumpy) Is morning TV a part of a day's routine?</p>	
<p>How much time a day does your child spend watching TV or videos?</p>	<p>What is your child's favorite song? Story?</p>	<p>Are there neighborhood friends and/or playmates your child plays with regularly? Same age? Younger? Older?</p>

Health Related Questions

<p>Were there any special circumstances that involved your pregnancy or the birth of your child? (premature birth, etc)</p>	<p>Has your child been hospitalized? Injured? Have any ongoing health issues? (asthma? severe allergies? surgery?)</p>
<p>Has your child had chicken pox?</p>	<p>Has your child experienced any problems as a result of ant bites or a bee sting?</p>
<p>Frequent ear infections or ear tubes?</p>	<p>Any other information you feel is pertinent?</p>