

Tell Us About Your Child



Name _____ Goes By _____

Birthdate _____ Baptismal Date _____

Any Allergies

Your child enjoys:

Does your child have any fears?

Does your child usually take a nap during the day?

Eating/ Sleeping “hints/habits”

Does he/she have siblings?

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Referred By _____

Your families favorite season and why

How do you handle transitions/separation?

Are there any physical limitations that we should be aware of to help make your child's day more comfortable?

Something you have heard about Our Shepherd Early Child Care Center.

What would you like your child to gain as a result of his/her time with us?

Any other information you would like to share that will help us to get to know your child and family:

Welcome to Our Shepherd Lutheran Early Child Care Center

“Let the little children come to Me” Matthew 19:14