

Child Information Form

Return to
Cathy Stange, Director
Little Angels Learning Center
First United Methodist Church
214 E. Jefferson St., Iowa City, IA 52245
(319)341-9757 – phone/(319)337-0485 – fax

In general

Any other siblings/other family members at home?	
What language is spoken in the home?	

For your Infant/toddler (0-24 mos.)

	Child		Child	
My child's name is:				
His/her nickname is:				
His/her favorite food is:				
He/she typically eats at the following times:				
His/her sleep schedule is:				
His/her favorite toy/games/song are:				
His/her mood is generally:				
Is/has your child been in child care before?	Yes	No	Yes	No
Does your child understand English?	Yes	No	Yes	No
Anything else you would like to share?				

For your older toddler/preschooler (2 – 5 years old)

	Child		Child	
My child's name is:				
His/her nickname is:				
His/her favorite food is:				
He/she typically eats at the following times:				
His/her sleep schedule is:				
His/her favorite toy/games/songs are:				
His/her mood is generally:				
Is/has your child been in child care before?	Yes	No	Yes	No
Does your child understand English?	Yes	No	Yes	No
Does your child speak English?	Yes	No	Yes	No
Anything else you would like to share?				

For your school-age child (kindergarten – 12 years)

	Child		Child	
My child's name is:				
His/her nickname is:				
His/her favorite food is:				
He/she typically eats at the following times:				
His/her sleep schedule is:				
His/her favorite toy/games/songs are:				
His/her mood is generally:				
Is has your child been in child care before?	Yes	No	Yes	No
Does your child understand English?	Yes	No	Yes	No
Does your child speak English?	Yes	No	Yes	No
Anything else you would like to share?				