

# Smart Start Learning Center

We want to know more about your child!

Child's Name: \_\_\_\_\_ Known as: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Particular Fears: \_\_\_\_\_

Allergies: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Eating Habits: \_\_\_\_\_

Napping Habits: \_\_\_\_\_

Toileting Assistance Needed: \_\_\_\_\_

What Makes Your Child Frustrated or Upset? \_\_\_\_\_

Best Discipline Techniques Used at Home? \_\_\_\_\_

What Comforts your Child? \_\_\_\_\_

Child's Strengths: \_\_\_\_\_

Child's Weaknesses: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

Favorite Color(s): \_\_\_\_\_

Favorite Song or Finger Play: \_\_\_\_\_

Brothers and Sisters: \_\_\_\_\_

Do You Have Pets? \_\_\_\_\_

What Do You Hope for Your Child While Here at Smart Start?

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