

Child Information Sheet

Prior to admission, providers are required to obtain and follow written instructions from parents regarding toilet training, eating, sleeping or napping, developmental disability or related conditions and or any health problems. This information shall be kept up-to-date and on file for each child (MN Rule 9502.0405, subpart 4B and 5). This is an optional form to obtain this required information.

Child's Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Parent Signature: Click or tap here to enter text.

Date Completed: Click or tap here to enter text.

1. Explain any toilet training/needs your child has.
Click or tap here to enter text.

2. Explain any eating/feeding instructions/needs your child has.
Click or tap here to enter text.

3. Explain your child's sleeping/napping schedule and routines.
Click or tap here to enter text.

4. Does your child have any medical, developmental disability, or related condition and concerns that the provider should be aware of? If yes, detail needed information and instructions for the provider.
Click or tap here to enter text.

5. Other comments:
Click or tap here to enter text.