



**2010-11
CRIB ROOM
1-8 Months**

**MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD**

NAME: _____

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

In what position does your baby prefer to sleep? _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

When the time comes, I give the Mother's Day Out Staff permission to administer Orajel, Mylecom, and/or diaper rash cream to my child. (Please circle each one you're okay with!)

Parent's Signature _____ Date _____



**2010-2011
CREEPER
ROOM
9-14 Months**

**MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD**

NAME: _____

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

In what position does your baby prefer to sleep? _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

When the time comes, I give the Mother's Day Out Staff permission to administer Orajel, Mylecom, and/or diaper rash cream to my child. (Please circle each one you're okay with!)

Parent's Signature _____ Date _____



**2010-2011
CRUISER ROOM
15-19 Months**

**MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD**

NAME: _____

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

When the time comes, I give the Mother's Day Out Staff permission to administer Orajel, Mylecom, and/or diaper rash cream to my child. (Please circle each one you're okay with!)

Parent's Signature _____ Date _____



**2010-2011
TODDLER ROOM
20-24 Months**

**MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD**

NAME: _____

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

When the time comes, I give the Mother's Day Out Staff permission to administer Orajel, Mylecom, and/or diaper rash cream to my child. (Please circle each one you're okay with!)

Parent's Signature _____ Date _____



**2010-2011
Almost 2-
Young 2's**

**MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD**

NAME: _____

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

When the time comes, I give the Mother's Day Out Staff permission to administer Orajel, Mylecom, and/or diaper rash cream to my child. (Please circle each one you're okay with!)

Parent's Signature _____ Date _____



**2010-2011
2's Room**

**MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD**

NAME: _____

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

If needed, I give the Mother's Day Out Staff permission to administer diaper rash cream to my child. _____ (initial)

Parent's Signature _____ Date _____



2010-2011
2-2 1/2's Room

MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD

NAME: _____

Name of Preschool (if applicable) _____ am pm

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

If needed, I give the Mother's Day Out Staff permission to administer diaper rash cream to my child. _____ (initial)

Parent's Signature _____ Date _____



2010-2011
2 1/2—Young
3's Room

MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD

NAME: _____

Special Name of Preschool (if applicable) _____ am pm

Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

If needed, I give the Mother's Day Out Staff permission to administer diaper rash cream to my child. _____ (initial)

Parent's Signature _____ Date _____



2010-2011
3 Room

MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD

NAME: _____

Name of Preschool (if applicable) _____ am pm

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating and sleeping schedule _____

Additional information about your child _____

If needed, I give the Mother's Day Out Staff permission to administer diaper rash cream to my child. _____ (initial)

Parent's Signature _____ Date _____



2010-2011
3 1/2—4's
Room

MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD

NAME: _____

Name of Preschool/Kindergarten (if applicable) _____ am pm

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating schedule _____

Additional information about your child _____

Parent's Signature _____ Date _____



2010-2011
4 1/2—6's
Room

MOTHER'S DAY OUT
TELL US ABOUT YOUR CHILD

NAME: _____

Name of Preschool/Kindergarten (if applicable) _____ am pm

Special Attachments _____

Likes & Dislikes _____

Particular Fears _____

How does your child handle being separated from you? _____

Has your child ever been hospitalized? _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) _____

Does he/she have allergies? _____

Please summarize your child's eating schedule _____

Additional information about your child _____

Parent's Signature _____ Date _____