



Parkville Nazarene Christian Daycare

8510 Fowler Avenue

Baltimore, Maryland 21234

"Getting To Know You"
An Individualized Activity Plan

Childs Name: _____

Date: _____

<u>Family Member</u>	<u>Relationship</u>

What are your child's favorite toys/ activities:

Has your child been separated from you before? Yes No
 If yes, please describe the circumstances:

Does your child exhibit any fears? Yes No
 If yes, please explain:

Diapering Information

<u>Treatment</u>	Every Diaper	Only If BM	Only If Wet	<u>Special Instructions:</u> _____ _____ _____
Ointment				
Lotion				
Powder				

Telephone: (410) 661- 0221
www.parkvilledaycare.org

FAX: (410) 661- 0244
 daycare@parkvilledaycare.org



Parkville Nazarene Christian Daycare

8510 Fowler Avenue

Baltimore, Maryland 21234

Feeding Information

<u>Preferences</u>	<u>Yes</u>	<u>No</u>	Special Instructions:
Warm Bottle			_____
Warm Food			_____
Feeds Self			_____
Uses Spoon			_____
Uses Sippy Cup			_____

Please describe your child's typical feeding schedule:

Does your child use a:

Pacifier: **Yes** **No** **Special Blanket:** **Yes** **No**

What is your child's current sleeping schedule?

What are you currently working on you're your child?

What do you hope your child will gain from his/ her experience at PNCD?
