

# All About Me!

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_

I have \_\_\_\_\_ brothers & \_\_\_\_\_ sisters, their names and ages are: \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_ Favorite Activity? \_\_\_\_\_

Has your child been in childcare before? ( ) yes ( ) no

What calms your child when he/she is upset? \_\_\_\_\_

Does your child have any parents that do not live in the home? ( ) yes ( ) no

If yes, does your child spend time with the other parent and how often? \_\_\_\_\_

The more informed we are, the more we are able to help and ensure the safety and wellbeing of your child. If there are any special circumstances regarding this matter please let us know what they are: \_\_\_\_\_

## Food & Eating Habbits

Favorite foods: \_\_\_\_\_

Strong dislikes: \_\_\_\_\_

Will your child usually eat breakfast here or at home? \_\_\_\_\_

If infant, what kind of formula does your child drink? \_\_\_\_\_

Child's usual dining habits: (circle all that apply) high chair, booster seat, feeds self, uses utensils, bottle, sippy cup regular cup, other: \_\_\_\_\_ Does your child eat unaided? \_\_\_\_\_

Does he/she enjoy eating? \_\_\_\_\_ Does your child have a special diet? \_\_\_\_\_

## Sleeping Habbits

Does your child have a regular bedtime schedule? ( ) yes ( ) no Bed Time: \_\_\_\_\_:\_\_\_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_:\_\_\_\_\_

Does your child have trouble sleeping? \_\_\_\_\_ Night Terrors? \_\_\_\_\_

What time(s) and for how long does your child usually nap? \_\_\_\_\_

Are there any special items that your child needs to go to sleep? \_\_\_\_\_

## Medical Information

Does your child have any physical or mental disabilities or known health problems? ( ) yes ( ) no

If yes, describe: \_\_\_\_\_

Does your child need regular medication? ( ) yes ( ) no If yes, how often? \_\_\_\_\_

Does your child have any known allergies? ( ) yes ( ) no

If yes, please list allergens and special instructions in case of an allergic reaction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_