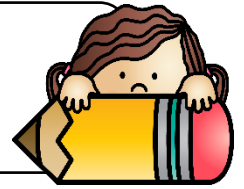




All about me



Child's Name _____ Nickname _____

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

How would you describe your child's personality? _____

Has your child been in childcare before? No () Yes ()

No. If yes, please give last childcare provider, or daycare center's information:

Name: _____ Phone _____

Dates Attended: from _____ to _____. Why was care terminated? _____

May I contact them for a reference? No () Yes ()

Eating Habits:

Does your child have a special diet: No () Yes () If Yes please explain: _____

Your child's favorite foods: _____

Least Favorite foods: _____

Does your child eat independently? No () Yes ()

For Infants, what brand of formula do you use? _____

Does your child require: Bottle _____ Sippy Cup _____ High Chair _____

Sleeping Habits:

Does your child have a regular bedtime schedule? No () Yes ()

What time does your child normally go to bed? _____

What time does your child normally wake in the morning? _____

Does your child take naps? If yes how long _____ and what time _____

Does your child have trouble sleeping? No () Yes (). Night Terrors? No () Yes ()

Trouble going to sleep. No () Yes () Other: _____

If infant how does your child sleep? () Stomach () Side () Back. What time(s) and for how long does your child usually nap? _____. Are there any special dolls, blankets, etc that your child needs to go to sleep? _____

What is your child's disposition upon waking? () Happy () Grouchy () Clingy () Slow

() Other _____

Has or does your child have any known health problems? () Yes () No. If yes, please describe:

Does your child take any medications? () Yes () No. If yes, please describe: _____

Does your child have any known allergies? () Yes () No. If yes, please describe: _____

Does your child suffer from any of the following on a regular basis? () Yes () No. If yes, please describe:

Nose Bleeds _____ Headaches _____ Sore Throats _____ Stomachaches _____

Runny Nose _____ Seasonal Allergies _____ Other _____

Behavior:

How do you reward your child and how do you discipline your child? Please describe: _____

Is there anything else you think we should know about your child? _____

