

All about Your Child

Child's Name: _____ Birth Date: _____
Parent/Guardian: _____ Cell Phone: _____ Work: _____
Address: _____ Zip Code: _____
Email: _____

The information contained herein is for CONFIDENTIAL USE ONLY.

Things my child does well:

Things I am working on with my child:

Things my child may need help with:

Activities my child enjoys:

Items your child enjoys playing with the most:

Types of pets at home:

Your child has _____ brother(s) and _____ sister (s). Their names and ages are:

Fears your child may have; such as dogs, darkness, storms, etc:

Any particular habits or mannerisms; such as nail biting, thumb sucking, etc:

Anticipated ADJUSTMENT problems:

Does your child have any special needs? Yes ____ NO ____ . If yes, please describe briefly:
Does your child have an IFSP/IEP? Yes ____ NO ____ . If yes, are you willing to share a copy with the staff in our program so that we are best able to meet your child's individual needs? Yes ____ NO ____ .
How does your child express ANGER or frustration?
When your child is upset, what helps to comfort him/her?
How do you "reward" or "discipline" your child?
Does your child have any problems getting to sleep or staying asleep? Yes ____ NO ____ .If yes, please explain:
What time does your child go to bed at night?
What time does your child wake up in the morning?
Does your child usually take naps? If so, how long?
Does your child have a special diet? Yes ____ No ____ . Are there any foods that should not be served to your child? If yes, Please list the food and the reason:
Your child's favorite foods:
Your child's least favorite foods:
Does your child eat independently? Yes ____ No ____ If no, what would he/she need help with?
Has your child been in daycare before? Yes ____ No ____ . If yes, are there any reasons care was terminated?
Has your child stayed with any other adults besides parents? Yes ____ NO ____
Please add any additional information or comments that may help us better understand your child?

This information is intended for use by the child care provider, developed in cooperation with the parents/guardian.

Parent/Guardian: _____ Date: _____
 Provider: _____ Date: _____

