All About Your Child

Child's Full Name_____Nickname_____

I have _____Brother(s) _____Sister(s) Their name and ages are_____

_____

_____

Has your child been in daycare before? Yes____ No ____

If yes, name of provider or center

_____

Provider/Center address/Phone number

_____

Date care was provided from _____ To

_____

Reason for car to be terminated

_____

Eating Habits:

Does your child have a special diet? Are there any foods that should not be served to your child?

If yes, please list the food and the reason

_____

_____

_____

Your child favorite food

_____

Least food

_____

Does your child eat independently? Yes ____ No _____

For infants, what brand of formula do you use?

_____

Does your child require: Bottle ___Sippy Cup ___ Highchair ___Booster seat ___

Sleeping Habits:

Does your child have a regular bedtime schedule? Yes _____ No _____

What time does your child usually go to bed at night?

_____

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

_____

Does your child take naps? If yes, how long does your child usually nap?

_____

Does your child have any problems getting asleep or staying asleep? If yes, explain

_____

_____

_____

Health Concerns:

Does your child have any health concerns? Yes _____ No _____

If yes, please explain

_____

_____

_____

Does your child take any medication on a regular basis? Yes _____ No _____

If yes, list the medication(s), dosages, and how often is it taken

_____

_____

_____

Are there any hearing or vison problem? If yes, please describe

_____

_____

_____

Does your child have any know allergies? Yes _____ No _____

If yes, please list allergies and how it is dealt with

_____

_____
_____

List any communication diseases your child has had
_____

_____
_____

Does your child suffer from any of the following on a regular basis (check all that apply)?

Nosebleeds_____ Headache _____ Sore throat _____ Stomachaches _____

Runny nose _____ Seasonal allergies _____ Other _____

Behaviors:

How do you “reward” or “discipline” your child
_____

_____
_____

_____
_____

Anything else about your child you feel I should Know?
_____

_____
_____

_____
_____