



All About Your Child!!

Please note this form is given to your child's teachers.

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname/ Preferred: _____ Birth Date: _____ Gender: Male Female

Please answer the following questions as honestly as you can. Some of these questions are very personal, but we do feel the answers will help us to get to know your child and family and provide the best individual care for your child.

HOME LIFE:

Whom does your child live with: _____ both parents: _____
(Please list name.) _____ mom: _____
_____ dad: _____
_____ grandparents: _____
_____ Other: _____

Siblings? Please list:

	Siblings Name	Age	Live at home?	
1.	_____	_____	Yes	No
2.	_____	_____	Yes	No
3.	_____	_____	Yes	No
4.	_____	_____	Yes	No
5.	_____	_____	Yes	No

Pets? Please list:

	Pets Name	Type of animal?
1.	_____	_____
2.	_____	_____
3.	_____	_____

Child's favorites:

Activity: _____
Collections: _____
TV Shows: _____
Song/Artist: _____
Color: _____

Please tell us if your child has had any rough transitions throughout life? (Examples: foster care, CPS, living with grandparents, mom/dad not involved, divorce, death, moving a lot, etc.) _____

Your method(s) of disciplining your child:

DEVELOPMENTAL INFORMATION:

Was your child Premature? ____ Yes ____ No If yes, please explain: _____

Your child did the following at what age (in months, please):

Walked at: _____ Talked at: _____ Accomplished Potty Training:

Any concerns you might have? _____

ROUTINE INFORMATION:

Your child usually wakes up at _____ a.m. Goes to Bed at _____ p.m.

Goes down for a naps at _____ wakes up from nap at _____

Does your child need any (blanket, bottle, pacifier, stuffed animal, toy, etc.) to sleep? _____

How does your child go to sleep? (by self, rocked, etc.) _____

Eats breakfast at _____ Snack _____ Lunch _____ Snack _____ Dinner _____

Favorite foods: _____ Dislikes: _____

Any food Allergies? _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

SOCIAL DEVELOPMENT INFORMATION:

Has your child attended childcare before? ____ Yes ____ No

If YES, when: _____ and where? _____

If YES, how was your child's experience? _____

Is your child potty trained? ____ Yes ____ Not Yet

What words does your child use to go to the bathroom?

When your child gets mad, angry, frustrated he/she usually _____

Does your child have any special fears? _____

Your child is happy when _____

When your child is sad, what can we do to help? _____

Are there any family or religion rules that provider should know about? _____

Any other information you would like us to know about your child or family? _____
