

## ALL ABOUT YOUR CHILD



Child's full name \_\_\_\_\_

Nickname \_\_\_\_\_

I have \_\_\_ sister(s) and \_\_\_ brother(s). Their name(s) are:

\_\_\_\_\_

Has your child been in childcare before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Provide name of Childcare Provider or Center:

\_\_\_\_\_

Provide Center address / Phone number:

\_\_\_\_\_

Dates of care / how long? From \_\_\_\_\_ To \_\_\_\_\_ - \_\_\_\_\_

Reason care was terminated:

\_\_\_\_\_

### EATING HABITS:

Does your child have a special diet? \_\_\_\_\_ Are there any foods that should not be given to you child?

If yes, please list food and the reason:

\_\_\_\_\_

\_\_\_\_\_

Your child's favorite foods are:

\_\_\_\_\_

Your child's least favorite food:

\_\_\_\_\_

Does your child eat independently? Yes \_\_\_\_\_ No \_\_\_\_\_

For infants, what brand of formula do you use? \_\_\_\_\_

Does your child require: Bottle \_\_\_\_\_ Sippy cup \_\_\_\_\_ High chair \_\_\_\_\_ Booster seat \_\_\_\_\_

### **SLEEPING HABITS:**

Does your child have a regular bedtime schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

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

What time does your child go to bed at night? \_\_\_\_\_

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

Does your child have any trouble getting to sleep or staying asleep? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### **HEALTH CONCERNS:**

Does your child have any health concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Does your child take medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any vision problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the allergies and how it is dealt with. \_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any of the following on a regular basis?

Nosebleeds \_\_\_\_\_ Headaches \_\_\_\_\_ Sore throat \_\_\_\_\_ Stomach ache \_\_\_\_\_ Runny nose \_\_\_\_\_

### **BEHAVIOR:**

How do you reward or discipline your child? \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about your child?

\_\_\_\_\_

\_\_\_\_\_