

All About My Child

Name: _____ Age: _____

Nick Name: _____ Birthdate: _____

Has the child been to Daycare before: Yes No

Is the child potty trained? Yes No

Is the child allergic to anything? Yes No

If Yes, mention details: _____

FAVORITES

 Breakfast: _____  Movie: _____

 Snacks: _____  Song: _____

 Candy: _____  Book / Author: _____

 Drink: _____  Tv show: _____

 Animal: _____  Sports: _____

 Color: _____  Activity: _____

OTHER DETAILS

Least favorite food: _____

Sleeping habits: _____

Fears: _____

Medications: _____

Medical History: _____

OTHER IMPORTANT INFORMATION

Additional Child Info

SOCIAL RELATIONSHIPS

How would you describe your child	<input type="text"/>
Previous experience with childcare	<input type="text"/>
Reaction to strangers	<input type="text"/>
Able to play alone?	<input type="text"/>
Favorite toys & activities	<input type="text"/>
Fears (dark / animals etc.)	<input type="text"/>
How do you comfort your child	<input type="text"/>
Behavior Management method at home	<input type="text"/>
Expectations from this childcare experience	<input type="text"/>

DAILY SCHEDULE

Please describe your child's schedule on a typical day. *For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

ANY ADDITIONAL INFO

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parent/Guardian Signature

Child's Name