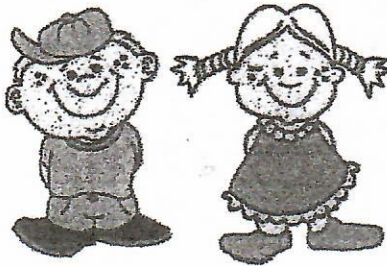


# ALL ABOUT YOUR CHILD



Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

I have \_\_\_\_\_ brother(s) and \_\_\_\_\_ sister(s). Their names and ages are \_\_\_\_\_

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

If yes, name of provider or center \_\_\_\_\_

Provider/Center address/Phone Number \_\_\_\_\_

Dates care was provided, from \_\_\_\_\_ to \_\_\_\_\_

Reason care was 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's favorite foods \_\_\_\_\_

Least favorite \_\_\_\_\_

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 usually go to bed at night? \_\_\_\_\_

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

Does your child have any problems getting to sleep or staying asleep? If yes, explain \_\_\_\_\_

**Health Concerns:**

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

If yes, please describe \_\_\_\_\_

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

If yes, list the medication(s), dosage, and how often taken \_\_\_\_\_

Are there any hearing or vision problems? If yes, please describe \_\_\_\_\_

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

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

List any communicable diseases your child has had \_\_\_\_\_

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

Nosebleeds \_\_\_\_\_ Headaches \_\_\_\_\_ Sore throats \_\_\_\_\_ Stomachaches \_\_\_\_\_ Runny nose \_\_\_\_\_

Seasonal allergies \_\_\_\_\_ Other \_\_\_\_\_

**Behavior:**

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

Anything else about your child you feel I should know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_