

# Precious Cargo Childcare and Education



## All About My Child

### Child Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

City, State, Country of birth: \_\_\_\_\_

### Family and Home information

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Number of brothers: \_\_\_\_\_ Number of sisters: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

Are other people living in the home? Yes / No

If yes what are their names and relationships to your child?

\_\_\_\_\_

Are there any pets at home? Yes / No

If yes, please list type of pet and name:

\_\_\_\_\_

Languages spoken in the home: \_\_\_\_\_

Languages your child speaks: \_\_\_\_\_

Languages your child understands: \_\_\_\_\_

### Medical Information

Does your child have any medical issues? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Medications:

\_\_\_\_\_

\_\_\_\_\_

Allergies:

\_\_\_\_\_

\_\_\_\_\_

Surgeries/Hospitalizations:

\_\_\_\_\_

\_\_\_\_\_



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### Previous Daycare Experience

Name of daycare attended: \_\_\_\_\_ Dates: \_\_\_\_\_

May I call this daycare for a reference? Yes / No

Name of daycare attended : \_\_\_\_\_ Dates: \_\_\_\_\_

May I call this daycare for a reference? Yes / No

### My Child's Likes

Toys: \_\_\_\_\_

Activities: \_\_\_\_\_

Movies: \_\_\_\_\_

TV Shows: \_\_\_\_\_

Characters: \_\_\_\_\_

Songs: \_\_\_\_\_

Other interests: \_\_\_\_\_

### My Child's Dislikes or Fears (Please list and explain)

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### Eating Habits

Favorite foods:

Foods your child dislikes:

Favorite treats:

Snacks:

Does your child have any food allergies? yes / no

Please list foods your child typically eats for each meal:

Breakfast : \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Desserts: \_\_\_\_\_



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### **Sleeping Habits**

Does your child nap? Yes / No

If yes, what time(s) does your child nap? \_\_\_\_\_

How long does your child sleep at night? \_\_\_\_\_

Does your child sleep with a special blanket, pacifier, or stuffed animal? yes / no

If so, describe \_\_\_\_\_

### **Toileting**

Is your child toilet trained? Yes / No

If yes, does your child use a potty chair? Yes / No

If not toilet trained, are you currently toileting training at home? Yes / No

Please explain what you are doing:

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**Is there anything else you would like us to know about your child?**

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### **Parent Signatures**

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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### **This Section to be Completed by the Provider**

Reviewed by \_\_\_\_\_ (provider's signature) on (date) \_\_\_\_\_

Follow up questions for parents or comments:

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