

All About My Child



Child's Name: _____ Nickname(s) or preferred name: _____

What does your child love? (favorite toys, books, songs, or activities)

What makes your child feel happy and safe?

What comforts your child when they are sad, scared, or upset?

Does your child have any fears? (e.g., loud noises, the dark, dogs, separation)

How does your child let adults know they need help?

What is your child's usual mood in the morning? (cheerful, shy, grumpy, etc.)

Daily Routines

Sleeping/Nap routine:

Uses a pacifier (please send one)

Needs a blanket or stuffed animal

Usually naps for _____ hours

Falls asleep best by: _____

Toileting/Potty status:

Fully independent

Needs reminders to go

Wears pull-ups or diapers)

Eating:

Favorite foods: _____ Foods child dislikes: _____

Any allergies or dietary restrictions? Yes No If yes, please describe: _____

Communication & Behavior

Languages spoken at home: _____

Is there anything else you want us to know to help your child have a great experience?

