



## All About Me

Child's Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

What would you like us to call your child? \_\_\_\_\_

### Developmental History:

Age Child Began sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_

Does Your Child pull Up \_\_\_\_\_ Crawl \_\_\_\_\_ Walk with Support \_\_\_\_\_?

Times child is fussy? \_\_\_\_\_

How do you handle these fussy times? \_\_\_\_\_

### Family Information:

With whom does the child reside? \_\_\_\_\_

Who else lives in the home (siblings, extended family, pets)?  
\_\_\_\_\_  
\_\_\_\_\_

What does your child call family members? \_\_\_\_\_

Language Spoken at Home? \_\_\_\_\_

Are books read in languages other than English? \_\_\_\_\_

Are there words in your home language that we should know?  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us any cultural customs, rituals, tradition that will help us make your child's experience more meaningful:

### Health/Development

Serious illnesses or hospitalizations (describe)?

Any Colic?

Special physical conditions, disabilities, or allergies (describe)



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Is your child presently or ever been diagnosed with a special need? \_\_\_\_\_

If so, is he/she receiving any special services? \_\_\_\_\_

Regular medications? \_\_\_\_\_

### Eating Habits

Special characteristics or difficulties? \_\_\_\_\_

Special Diet: \_\_\_\_\_ Formula \_\_\_\_\_ Breast Milk \_\_\_\_\_

How Often? \_\_\_\_\_

Have Solid Foods been Introduced? Yes \_\_\_\_\_ No \_\_\_\_\_

When do you feed solid food? \_\_\_\_\_

Favorite Foods? \_\_\_\_\_ Foods Refused: \_\_\_\_\_

Child Eats: On Lap \_\_\_\_\_ In High Chair \_\_\_\_\_ Other \_\_\_\_\_

Child eats with: Spoon \_\_\_\_\_ Fork \_\_\_\_\_ Hands \_\_\_\_\_ Other \_\_\_\_\_

### Toileting/Diaper Habits?

Is there a frequent rash? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use: Cream \_\_\_\_\_ Lotion \_\_\_\_\_ Powder \_\_\_\_\_ Other \_\_\_\_\_

Are Bowel Movements: Regular yes \_\_\_\_\_ No \_\_\_\_\_ How often: \_\_\_\_\_

Is there a problem with: Diarrhea yes \_\_\_\_\_ No \_\_\_\_\_

Constipation yes \_\_\_\_\_ No \_\_\_\_\_

Is your Child Toilet Trained? yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when did you begin? \_\_\_\_\_

Any Issues with urination? yes \_\_\_\_\_ No \_\_\_\_\_ Bowels? yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain? \_\_\_\_\_

What is used at home? Potty Chair \_\_\_\_\_ Special seat \_\_\_\_\_ Regular seat \_\_\_\_\_

Word used for urination: \_\_\_\_\_ Bowel Movements \_\_\_\_\_

Does your Child Have accidents? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how often/ When \_\_\_\_\_

\_\_\_\_\_



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### Sleeping Habits

Does child sleep in: Crib \_\_\_\_\_ Bed \_\_\_\_\_ with parents \_\_\_\_\_

Does child sleep on: Back \_\_\_\_\_ Side \_\_\_\_\_ stomach \_\_\_\_\_

(At the center we must use place the child on their back to sleep in accordance with our licensing policies)

Time child naps? A.M. \_\_\_\_\_ to \_\_\_\_\_ P.M. \_\_\_\_\_ to \_\_\_\_\_

Additional Nap Information? \_\_\_\_\_

What does child take to bed? \_\_\_\_\_ Mood on awakening: \_\_\_\_\_

What time does child go to bed at night? \_\_\_\_\_ awake in morning: \_\_\_\_\_

### Social Relationships?

Has child been in childcare before? yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did it meet your needs and expectations? Explain: \_\_\_\_\_

Has child had any experience playing with children? If yes, please describe? \_\_\_\_\_

Is Child: Friendly \_\_\_\_\_ aggressive \_\_\_\_\_ shy \_\_\_\_\_ withdrawn \_\_\_\_\_

Reaction to strangers? \_\_\_\_\_

Prefers to play: Alone \_\_\_\_\_ Small Groups \_\_\_\_\_

Is Child frightened by: Animals \_\_\_\_\_ Rough Children \_\_\_\_\_ Loud Noises \_\_\_\_\_

Dark \_\_\_\_\_ Other \_\_\_\_\_

Explain: \_\_\_\_\_

How do you Comfort your child? \_\_\_\_\_

How does your child preferred to be held? \_\_\_\_\_

### Daily Schedule:

Please describe by approximate time your child's current daily activities (e.g., awakening, eating, time out of crib, napping, toileting habits, fussy time, bedtime?)



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### Parenting Philosophy

Do you have ideas about parenting that would help us to better care for your child as an individual?

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What Do you, as a family, hope to get out of this childcare experience?

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Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_