

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
