Counting My Blessings Early Learning Center

All About Me

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CHILD'S INFORMATION

Please complete this **All About Me** daycare form to help us understand your child. Our goal is to empower staff with information about your child. We want to know about their personality, habits, and skills to provide the best care possible.

Child's Name _____**Date of Birth**:_____

Child's Nickname: _____Current Age: _____

Are there pets in the home? If so, what types and what are their names?

_____

Main language in the home _____Secondary language _____

Is the child bilingual?_____ Are books read in languages other than English? _____

Are their words in your home language we should know?_____

DEVELOPMENTAL ACHIEVEMENTS

Age your child began: Sitting _____Crawling _____ Walking _____

Does your child have a fussy time of day? _____

What usually resolves fussiness? _____

Is your child toilet-trained? _____ Do they need help in the bathroom? _____

Does your child have accidents? _____

If yes, how often/when? _____

Word used for urination _____

Word used for bowel movement _____

Does your child have problems with:

Diaper Rash_____ Bowel Movement_____ Urination_____

EATING HABITS

Does your child have any food allergies? _____

Does your child have any diet restrictions? _____

If an infant, is your child consuming:

Baby food _____ Breast milk_____ Holds own bottle_____ Baby cereal _____

Formula_____ Table food _____

Does your child eat:

On a lap_____ In a highchair_____ In a booster seat _____Sits in a chair_____

Does your child feed themself? _____

Do your child use Spoon _____Fork_____ Hands_____

NAPPING HABITS

Does your child sleep in a bed_____ Crib _____

Times your child naps: _____ a.m. _____ p.m.

Does your child need a pull-up or diaper when sleeping? _____

Is anything needed for bed?_____

Mood when waking up? _____

SOCIAL EXPERIENCE

Does your child have experience playing with other children? _____

Personality Traits (please select all traits describing your child):

Friendly	Shy	Leader	Stubborn	Aggressive	Withdrawn
Funny	Determined	Kind	Silly	Patient	Outgoing
Cooperative	Clingy	Energetic	Quiet	Persistent	Considerate
Active	Impatient	Affectionate	Cheerful	Fidgety	Talkative

Favorite outdoor activites_____

Favorite indoor activities _____

Like to read? _____ Favorite book: _____

Show interest in making crafts? _____

What kind?_____

Is there anything that upsets or frightens your child? _____

Has your child had any daycare or childcare experience? _____

Did you and/or your child have a positive or negative experience? Please explain:

A daycare form's main purpose is to help your child experience educational and social growth. **Is there anything else we should know about your child?**

_____

_____

HEALTH/MEDICAL HISTORY

Has your child had any serious illnesses or hospitalizations? Please describe:

Does your child have any special needs or disabilities? Please describe:

Does your child have a medical diagnosis for a special need or condition? Please list:

Does your child take prescription medication? If so, please list medica4on and dosage:

IMPROVE YOUR CHILD'S EXPERIENCE

Is there anything you can tell us about your child that will help us provide better care for them as an individual?

What do you hope your child gets from this daycare?

Any comments or concerns?

Thank you for completing this All About Me Daycare Form. This information helps us meet your child's needs so they can grow and develop under our care.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date