



All About Your Child Packet

Child's Name: _____ Birthday: _____

I have _____ siblings. Their names are _____

How would you describe your child's personality? _____

Has your child been in childcare before? Yes No

Dates attended: from _____ to _____

Why was care terminated? _____

Does your child have a regular bedtime schedule? Yes No

What time does your child usually go to be at night? _____

What time does your child usually wake up in the morning? _____

Does your child have trouble sleeping? Yes No

If infant, how do you usually put your child to sleep? Back Stomach Side

Does your child usually nap? Yes No If so, how long? _____

Are there any special bears, blankets, ect. That your child needs to go to sleep? _____

What is your child's mood upon waking up? Happy Moody Clingy

Does your child have any known health care problems? Yes No

Please describe: _____

Does your child have any known allergies? Yes No

Please describe: _____

Special instructions in case of an allergic reaction: _____

Has your child had any of the following communicable diseases? (Check Below)

Chicken Pox Measles Mumps Other

Is your child prone to any of the following? (Check below)

Upset Stomach Colds Seasonal Allergies Headaches

Earaches Nose Bleeds Sore Throats Other: _____

Does your child take any medications? Yes No

Please list: _____

Are there any indications of hearing or vision problems? Yes No

Please describe: _____

Does your child have any physical or mental disabilities? Yes No

Please describe: _____

Do you have a back-up plan if your child is ill and cannot attend or if your child becomes ill and must be picked up? _____

Child's usual dining habits: (please check all that apply)

High Chair Booster Table Seat Cup Bottle Sippy Cup

Does your child eat unaided? Yes No

Do they enjoy eating? Yes No

Does your child have a special diet? _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods that should not be served to your child? _____

Favorite Foods: _____ Dislikes: _____

Will your child be eating breakfast at daycare or at home? Daycare Home

Anything else you would like to share about your child? _____
