



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 bed 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? _____

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