

St. Mary's Sunshine Center

All About Me Form

Child's Name: _____ Nickname: _____

Date of Birth: _____ Parent/Guardian: _____

Address: _____ Zip: _____

Parent/Guardian Emails: _____

Parent/Guardian Cell Phone Carriers: _____

This information contained herein is for CONFIDENTIAL USE ONLY.

THINGS MY CHILD LIKES/DISLIKES:

THINGS MY CHILD FEARS:

THINGS I AM WORKING ON WITH MY CHILD:

ANY HEALTH CONCERNS AND OR ALLERGIES YOUR CHILD MAY HAVE:

DO EITHER PARENTS/GUARDIANS TRAVEL FOR WORK:

**WHEN DOES YOUR CHILD GO TO BED? HOW DO YOU PUT YOUR CHILD TO SLEEP?
HOW LONG DO THEY TYPICALLY SLEEP?**

CHILD'S MORNING ROUTINE:

WHAT ARE YOUR CHILD'S EATING HABITS?

MY CHILDS' CURRENT NAP TIME ROUTINE DURNG THE WEEK AND WEEKENDS IS AS FOLLOWS:

NAMES OF SIBLINGS, GRANDPARENTS AND PETS:

ANY UNIQUE FAMILY SITUATIONS THAT MIGHT AFFECT MY CHILD'S ROUTINE:

DOES YOUR FAMILY HAVE ANY TRADITIONS OR CELEBRATIONS YOU WOULD LIKE TO SHARE WITH US:

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITES:

ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT:

DOES YOUR CHILD HAVE AN IEP OR IFSP THAT YOU WOULD LIKE TO SHARE?:

YES OR NO

PLEASE ATTACH A COPY

ADDITIONAL PARENT/GUARDIAN COMMENTS (ANYTHING YOU WANT US TO KNOW:

This information is intended for use by St. Mary's Sunshine Center, developed in cooperation with the parents.

Parent/Guardian Signature: _____ **Date:** _____

Updated 5/7/2021