ALL ABOUT YOUR CHILD

Child's full name ____

Nickname ____

I have___ sister(s) and ____ brother(s). Their name(s) are:

____

Has your child been in childcare before? Yes _____ No______

If yes, Provide name of Childcare Provider or Center:

____

Provide Center address / Phone number:

____

Dates of care / how long? From ___________________To__________-__________

Reason care was terminated:

____

EATING HABITS:

Does your child have a special diet? ______ Are there any foods that should not be given to you child?

If yes, please list food and the reason:

____

____

Your child's favorite foods are:

____

Your child's least favorite food:

____

Does your child eat independently? Yes________ No_______

For infants, what brand of formula do you use? ____________________________________

Does your child require: Bottle____ Sippy cup ____ High chair____ Booster seat ____

SLEEPING HABITS:

Does your child have a regular bedtime schedule? Yes _________ No ____________

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

What time does your child go to bed at night? _____________________________________

Does your child take naps? ____ If yes, how long does your child nap? ________________

Does your child have any trouble getting to sleep or staying asleep? _____

If yes, please explain: ____

HEALTH CONCERNS:

Does your child have any health concerns? Yes _______ No______

If yes, explain:____

Does your child take medication on a regular basis? Yes _________ No ________

Are there any vision problems? Yes ________ No _______

Does your child have any known allergies? Yes __________ No___________

If yes, please list the allergies and how it is dealt with.______________________________

____

Does your child suffer from any of the following on a regular basis?

Nosebleeds___ Headaches___ Sore throat___ Stomach ache ___ Runny nose___

BEHAVIOR:

How do you reward or discipline your child? _______________________________________

____

Is there anything else we should know about your child?

____

____