

ALL ABOUT MY CHILD

Child's name: _____

Nickname/preferred name: _____

Pronouns preferred: _____

Date of birth: / /



PREFERRED LANGUAGE

What is/are the primary language(s) spoken at home?

Are there other people (not related to you) who live with you and your child? ☐ Yes ☐ No

If yes, what language(s) do they most often speak to your child?

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Any speech difficulties? _____

Language spoken at home _____ Any history of colic? _____

Does your child use pacifier or suck thumb? _____

HEALTH

Any known complications at birth? Was child premature? _____

Serious illnesses and/or hospitalizations? _____

Special physical conditions, disabilities? _____

Does your child have an IEP? _____ (If yes, we need a copy on file)

TOILET HABITS

Are disposable or cloth diapers used? _____ Does your child frequently get diaper rashes? _____

If yes, what usually helps most: _____

Are bowel movements regular? _____ How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

Has toilet training been attempted? _____

Please describe any particular procedure to be used for your child at the center: _____

What is used at home? Potty chair? _____ Regular seat? _____ Special seat? _____

How does your child indicate bathroom needs: _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child sleep in a crib? _____ Co-sleep? _____ Bed? _____

When does your child go to bed at night? _____ Get up? _____

Describe any special sleeping needs: _____

How do you get your child to go to sleep? _____

Tell Us About Your Child

Is this your child's first experience in childcare? ☐ Yes ☐ No

How would you describe your child's personality? _____

Does your child have difficulty communicating wants/needs? ☐ Yes ☐ No

If yes, how do you handle this? _____

How does your child prefer to play? ☐ alone ☐ with one friend ☐ with a group of friends ☐ other

What does your child enjoy most? ☐ quiet play ☐ noisy play ☐ both

What are your child's favorite toys? _____

What are your child's favorite foods? _____

What are foods your child's refuses? _____

Are there any foods your child cannot be served? _____

Is your child fed in your lap, at the table, in a high chair, allowed to walk around? _____

What kinds of stories does your child enjoy? _____

What types of music does your child like? _____

Any favorite songs? _____

What are your child's favorite activities to do at home? _____

Does your child participate in any activities outside of the home? ☐ Yes ☐ No

If yes, what are they? _____

What may cause your child to become upset or have a difficult time? _____

How do you help your child cope when your child is having a difficult time? _____

How do you discipline/redirect your child at home? _____

Does your child have any fears or is afraid of anything? _____

What helps to calm your child down or make your child feel better? _____

Is there anything you want to share about your child you feel will help your child thrive while in care? _____

What would you like your child to gain from this childcare experience? _____

What, if any, accessibility needs does your child have and how can we best meet those needs? _____

Home Life

Who are the adults primarily responsible for your child? _____

Who lives in the home? _____

Are there any custody/visitation orders we need to be aware of? ☐ Yes ☐ No.

If yes, what are they? _____

Does your child have any siblings? ☐ Yes ☐ No

If yes, what are their names and ages? _____

What is your home routine like? _____

Tell us about any pets: _____

What is your child's/family's race/ethnicity? _____

Is there anything important for me to know about your child's/family's race/ethnicity? _____

Does your family celebrate any special occasions/holidays/traditions? ☐ Yes ☐ No

If yes, what are they? _____

Are there any special cultural celebrations you and your family celebrate that you would like to share with our program? _____

Are there any services your family may need? ☐ Yes ☐ No

What, if any, talents or skills does your family have that you may be willing to share with the other children?

Are you willing to volunteer for special events for the children? If so, when is your preferred availability?

Who is the primary contact for your child? _____

What is the best method to communicate with you? _____

What days/times are best for a quick check-in with you? _____

Notes: Is there anything else you would like us to know about your child?