

All About My Child

1. Child's Name: _____ Nickname: _____
2. S/he has _____ brothers & _____ sisters. Their names and ages are: _____

3. Has your child been in childcare before? () Yes () No. If yes, please give last childcare provider, or daycare center's information.
*Name: _____ Phone _____
*Dates attended: from _____ to _____ Why was care terminated? _____

*May I contact them for a reference? () Yes () No
4. 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? _____ Night Terrors? _____ Other: _____

*Does your child have a regular nap schedule? () Yes () No. If yes, what time _____; the length of time _____; the number of naps per day _____
*What is your child's disposition upon waking up? Circle one: happy, grouchy, clingy, slow, etc. _____
5. If infant, how does your child sleep? Circle one: Stomach Side Back
*Does your child roll over while sleeping? () Yes () No
*Are there any special dolls, blankets, etc. that your child needs to go to sleep? _____

6. Has or does your child have any known health problems? () Yes () No. If yes, please describe: _____
7. Does your child need regular medication? () Yes () No. If yes, what and when is it given? _____
*Do you have a doctor's prescription for this medication? () Yes () No. If yes, I will need a copy of it, if not, then you will need to get a prescription.
8. Does your child have any known allergies? () Yes () No. If yes, please list allergens: _____

Special instructions in case of an allergic reaction: _____

9. What is your child's favorite: Food _____ Color _____
Juice _____ Toy _____ Movie _____
Story _____ Song _____ Animal _____
Activity _____ Other _____
10. Anything else you would like me to know: _____

Emergency Contact Information

***Please provide me with a recent photo of your child**

Child's Full Name: _____

Hair Color : _____ **Eye Color:** _____ **Birthday:** _____

Home Phone: _____ **Address:** _____

Mother's Name: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Father's Name: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Emergency Contact

Name _____ **Address:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Child's Doctor: _____ **Office Phone:** _____

Medical Card #: _____ **Child's Personal ID #:** _____

Allergies: _____

Medical Conditions: _____

Medications: _____