

Date: _____

A Little About Me☺

Child's Name: _____ Date of Birth: _____ Nickname _____

Parent(s) name(s): _____ Email: _____

With whom does your child live? _____ Are there other significant adults in your child's life? (Grandparent, Aunts, Uncles) _____

Does your child have brothers or sisters? _____ Names(s) and ages _____

Are there any changes in the family (expecting, separation or divorce) that might affect your child? _____

Were there any complications during pregnancy or birth? _____

Do you or your child speak another language other than English? _____

Does your child have any physical limitations? (Sight, hearing, speech, walking) _____

Does your child take a nap? ___ Does your child have a favorite blanket/stuffed animal? _____

Does your child have any dietary restrictions (medical, religious, allergic) _____

Does he/she use utensils or hands to eat? _____

What does your child drink from? Sippy Cup _____, Cup _____, Bottle _____

Is your child potty learned? Yes _____ No _____

If yes, does your child have potty learning concerns? (Accidents) _____

Have you or has your child lived in or visited other places? _____

What types of family activities do you do together? (Vacations, movies, zoo, celebrating birthdays, holidays) _____

What does your child do with free time? (Favorite activities/interests, likes/dislikes) _____

Has your child had experience with Scissors ___ Pencils ___ Crayons ___ Paint ___ Play Dough ___?

Does your child listen to/sit for stories? _____

How much time do you spend reading with your child per week? _____

How much time do you spend with your child doing any of the following per week?

Coloring _____ Drawing _____ Cooking _____ Creating things _____

Does your child know Colors _____ Numbers _____ Phone or Address _____ Letters _____

Has your child had previous group care experience or in home child care? _____

How do you comfort your child when they are sad, uncomfortable, upset? _____

What are your expectations for your child? _____

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