



# All About My Child

Please complete the following information so that our staff can get to know and better serve your child.



Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

My child prefers to be called: \_\_\_\_\_

My child may refer to the following family members: (name and relationship)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any family situations that we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What experiences has your child had in playing with other children his/her own age? \_\_\_\_\_

\_\_\_\_\_

My child especially interested in and enjoys \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any special fears or concerns: \_\_\_\_\_

\_\_\_\_\_

Toileting habits/language: \_\_\_\_\_

\_\_\_\_\_

Would you describe your child as ... (Please circle all that apply)

- Friendly      Aggressive      Shy      Loner      Active      Talkative

How does he/she show feelings? \_\_\_\_\_

\_\_\_\_\_

In general, would you say your child's appetite is:

- Good      Fair      Poor      Very Picky

About how long does your child nap each day? \_\_\_\_\_

Does he/she prefer a special sleep toy or blankie? \_\_\_\_\_

Napping routine preferred– music? Rocking? Back rubbed? \_\_\_\_\_

What discipline methods are used in the home? \_\_\_\_\_

What is your child’s usual reaction? \_\_\_\_\_

What favorite hobby do you and your child enjoy the most? \_\_\_\_\_

List specific things you would like to see your child focus on this year: \_\_\_\_\_

Please share with us any other information that will better help us understand your child.

Please list any allergies, medical problems or special needs: \_\_\_\_\_

Thank you for taking the time to tell us more about your child. We look forward to meeting you and your little one!

