

ALL ABOUT ME FORM

Child's Name: _____

CHILD'S INFORMATION

Please complete this All About Me daycare form to help us understand your child. Our goal is to empower staff with information about your child. We want to know about their personality, habits and skills to provide the best care possible.

Child's Name _____ Date of Birth: _____

Child's Nickname: _____ Current Age: _____

FAMILY INFORMATION

With whom does the child live? _____

Who else lives in the home (extended family, siblings, stepparents/siblings)? _____

Do the child's parents: Reside together Reside apart Child does not have a relationship with another parent

Are there pets in the home? If so, what types and what are their names? _____

Main language in the home _____ Secondary language _____

Is the child bilingual? Are books read in languages other than English?

Are their words in your home language we should know?

Please let us know about any cultural family customs and traditions. Share anything that will help us make your child's experience more comfortable.

DEVELOPMENTAL ACHIEVEMENTS

Age your child began: Sitting _____ Crawling _____ Walking _____ Walking _____

Does your child have a fussy time of day? _____

What usually resolves the fussiness? _____

Is your child toilet-trained?

Do they need help in the bathroom?

Does your child have accidents?

If yes, how often/when? _____

Word used for urination _____ Word used for bowel movement _____

Does your child have problems with: Diaper Rash Bowel Movements Urination

EATING HABITS

Does your child have any food allergies? _____

Does your child have any diet restrictions? _____

If an infant, is your child consuming: Baby food Breast milk Holds own bottle Baby cereal
Formula Table food

Does your child eat: On a lap In a high chair In a booster seat Sits in a chair

Does your child feed themselves? Do they use a Spoon Fork Hands

NAPPING HABITS

Does your child sleep in a Times your child naps: _____ a.m. _____ p.m.

Does your child need a pull-up or diaper when sleeping? _____ Do they take anything to bed? _____

Mood when waking up _____

SOCIAL EXPERIENCE

Does your child have experience playing with other children? _____

Personality Traits (please select all traits describing your child):

Friendly	Shy	Leader	Stubborn	Aggressive	Withdrawn	Funny	Determined
Kind	Silly	Patient	Outgoing	Rude	Cooperative	Clingy	Energetic
Quiet	Follower	Persistent	Considerate	Selfish	Active	Impatient	Wild
Disrespectful	Affectionate	Cheerful	Bossy	Fidgety	Talkative		

Favorite outdoor activities _____

Favorite indoor activities _____

Do they like to read?

Favorite book: _____

Do they like making crafts? What kind? _____

Is there anything that upsets or frightens your child? _____

Has your child had any daycare or childcare experience? _____

Did you and/or your child have a positive or negative experience? Please explain:

A daycare form's main purpose is to help your child experience educational and social growth. Is there anything else we should know about your child? _____

HEALTH/MEDICAL HISTORY

Has your child had any serious illnesses or hospitalizations? Please describe:

Does your child have any special needs or disabilities? Please describe:

Does your child have a medical diagnosis for a special need or condition? Please list:

Does your child take prescription medication? If so, please list medication and dosage:

IMPROVE YOUR CHILD'S EXPERIENCE

Is there anything you can tell us about your child that will help us provide better care for them as an individual?

What do you hope your child gets from this daycare?

Any comments or concerns?

Thank you for completing this All About Me Daycare Form. This information helps us meet your child's needs so they can grow and develop under our care.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date