## ALL ABOUT YOUR CHILD



Child's Full Name		Nickname
		_sister(s). Their names and ages are
Has your child been in	daycare befo	ore? Yes No
If yes, name of provide	r or center	
Provider/Center addre	ess/Phone Nu	umber
Dates care was provid	ed, from	to
Reason care was term	nated	
Eating Habits :		
Does your child have	a special diet	? Are there any foods that should not be served to your child?
If yes, please list the fo	ood and the r	eason
Your child's favorite f	oods	
Least favorite		
Does your child eat in	lependently?	? Yes No
For infants, what bran	d of formula d	do you use?
Does your child requir	e: bottle	_ sippy cup high chair booster seat
Sleeping Habits:		
Does your child have	ı regular bedi	time schedule? Yes No
What time does your o	hild usually v	wake up in the morning?
What time does your a	hild usuallu d	to bed at night?

Does your child take naps? If yes, how long does your child usually nap?
Does your child have any problems getting to sleep or staying asleep? If yes, explain
Health Concerns:
Does your child have any known health concerns? Yes No
If yes, please describe
Does your child take any medications on a regular basis? Yes No If yes, list the medication(s), dosage, and how often taken
Are there any hearing or vision problems? If yes, please describe
Does your child have any known allergies? Yes No
If yes, please list the allergy and how it is dealt with
List any communicable diseases your child has had
Does your child suffer from any of the following on a <i>regular</i> basis (check all that apply)?
Nosebleeds Headaches Sore throats Stomachaches Runny nose
Seasonal allergies Other
Behavior:
How do you "reward" or "discipline" your child?
Anything else about your child you feel I should know?

©simplydaycare.com