

PRESCHOOL AGE

"ALL ABOUT ME" FORM

Child's Name: _____
Date of Birth: _____
What would you like us to call your child? _____

DEVELOPMENTAL HISTORY

Age child began sitting: _____ crawling _____ walking _____ talking _____
Any speech difficulties? _____

FAMILY INFORMATION

With whom does the child reside? _____
Who else lives in the home (siblings, extended family members, pets)? _____

What does child call family members? _____
Language spoken at home: _____ Are books read in languages other than English? YES NO
If yes, what language(s)? _____

Are there words in your home language that we should know? _____

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful: _____

HEALTH/DEVELOPMENT

Serious illnesses or hospitalizations (describe): _____

Any physical/chronic conditions, disabilities, including allergies? Describe: _____

Regular medications: (Please fill out Medication Authorization)

Is your child presently or ever been diagnosed with a special need? YES NO

If so, is he/she receiving any special services? Explain: _____

EATING HABITS

Any food allergies? _____
Special diet: _____
Special characteristics or difficulties? _____
Favorite foods: _____ Foods refused: _____
Child eats with: spoon fork hands other: _____

TOILETING HABITS

How does child indicate bathroom needs (include special words)? _____
Is child reluctant to use the bathroom? YES NO If yes, how do you handle? _____

Does your child need any help while in bathroom (wiping, hand washing, flushing)? YES NO
Explain: _____

Does child have accidents? YES NO If yes, how often and when? _____

SLEEPING HABITS

Does child become tired or nap during the day (include when and how long)? _____
Describe nap routine: _____

What time does child go to bed at night: _____ awake in morning: _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking): _____

Are there any sleep/wake time routines? _____

SOCIAL RELATIONSHIPS

How would you describe your child in social situations? _____

Describe any previous experience with children: _____

Has there been any previous child care experience? YES NO

If so, did it meet your needs and expectations? YES NO

Please explain: _____

Reaction to strangers: _____

Prefers to play alone or in groups? _____

Favorite toys and activities: _____

Fears (e.g., the dark, animals): _____

How do you comfort your child? _____

How do you discipline your child? _____

DAILY SCHEDULE

Describe your child's schedule on a typical day:

Wake up-

Morning-

Lunch-

Afternoon-

Evening-

Bedtime-

What would you like your child to gain from the child care experience? _____

Anything else you would like us to know about your child? _____

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Signature)

(Date)