

Date \_\_\_\_\_ Child's age \_\_\_\_\_

ALL ABOUT ME  
CHILD INFORMATION SHEET

My Name is \_\_\_\_\_

My Nickname is \_\_\_\_\_

My favorite toys and books are \_\_\_\_\_

My favorite song or music is \_\_\_\_\_

My favorite indoor activities are \_\_\_\_\_

When we are together, my family enjoys \_\_\_\_\_

My bedtime is \_\_\_\_\_

I am afraid of \_\_\_\_\_

My favorite snack is \_\_\_\_\_

Child's Home Setting:

Do you live in an apartment? \_\_\_\_\_ a house \_\_\_\_\_ other \_\_\_\_\_

How many times has your child moved? \_\_\_\_\_

Does your child share a room? \_\_\_\_\_

If father/mother is out of the home, how often does your child see him/her? \_\_\_\_\_

Who are your child's playmates? \_\_\_\_\_

Describe your child's temperament \_\_\_\_\_

Does your child have any special needs or allergies? \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_ -

How is your child's appetite? Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

For which meal is your child most hungry? \_\_\_\_\_

Does your child nap during the day? \_\_\_\_\_ For how long? \_\_\_\_\_

Your child's terminology for toileting is \_\_\_\_\_

What kind of guidance/discipline do you use? \_\_\_\_\_

Are there any special circumstances in the family which may be a factor in your child's behavior?  
(divorce, death, new baby, recent move, hospitalization, etc.) Please explain:

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

Has your child had any previous experiences in a child-care setting?

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

In what ways would you like to see your child develop during this next year in our program?

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

Is there anything else you want us to know about your child?

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

Signature of person filling out this form \_\_\_\_\_