

## Child Biography

Child's Name: \_\_\_\_\_

Nickname (if preferred): \_\_\_\_\_

Age: \_\_\_\_\_ Language preference at home: \_\_\_\_\_

Parents/Guardian's name: \_\_\_\_\_

With whom does child live with: \_\_\_\_\_

Name and ages of brothers and/or sisters (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle the words that best describe your child: calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, bites, destructive, gives in easily, temper tantrums, jealous, shares, hyperactive, bright, slow learner, busy, content. Other: \_\_\_\_\_

How well does your child play with others: \_\_\_\_\_

Child's favorite toy, activities, etc.: \_\_\_\_\_

\_\_\_\_\_

What makes your child angry or upset: \_\_\_\_\_

\_\_\_\_\_

What do you do find is the best way to handle your child: \_\_\_\_\_

\_\_\_\_\_

Are there any "family rules" that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Any special concerns: \_\_\_\_\_

\_\_\_\_\_

Are there any physical limitations such as sight, hearing, walking, speech: \_\_\_\_\_

\_\_\_\_\_

Is your child frequently ill (cold, flu, earaches, allergies): \_\_\_\_\_

\_\_\_\_\_

Is your child on any special medications and if so what are the side effects to look for: \_\_\_\_\_

\_\_\_\_\_

Does your child nap: \_\_\_\_\_ Sleep patterns (how often, how long, etc.):\_

Eating habits of child (12 months and up): \_\_\_\_\_

Favorite food: \_\_\_\_\_ Least favorite: \_\_\_\_\_

Does your child use: \_\_\_ fork \_\_\_ spoon \_\_\_ bib \_\_\_ highchair

Feeding schedule (under 12 months) List frequency of bottles and food and usual intake at each feeding: \_\_\_\_\_

Restroom habits. \_\_\_ Diapers \_\_\_ Are there any issues such as allergies, sensitivities, etc. \_\_\_ Please list: \_\_\_\_\_

\_\_\_ Toilet trained \_\_\_ Accidents, if so please provide change of clothes in case.

Can your child be relied upon to indicate the need to use the restroom: \_\_\_\_\_

Would you like to discuss toilet training procedures: \_\_\_\_\_

Is there anything else you would like to share about your child: \_\_\_\_\_

The information on this form is requested so we can get to know your child, help the adjustment period go a little smoother and provide better care. It will all be kept confidential. If you prefer to fill out this form or discuss this information with the Director or another staff member please feel free to do so. An important part of your orientation is to be able to ask questions and express your concerns.

Again, thank you for sharing your child with us.

Scarlett Rice, Owner

Heather Cox, Director