



## All About Me! Child Information Sheet

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Language spoken at home \_\_\_\_\_

I have \_\_\_\_\_ brothers & \_\_\_\_\_ sisters, their names and ages are: \_\_\_\_\_

Other adults in home \_\_\_\_\_

Pets \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Any fears or worries \_\_\_\_\_

Has your child been in childcare before?  Yes  No. If yes, please give last child care provider, or daycare center's information: Name: \_\_\_\_\_ Dates Attended: from \_\_\_\_\_ to \_\_\_\_\_ . Why was care terminated? \_\_\_\_\_

Other group experiences \_\_\_\_\_

Does your child have a regular bedtime schedule?  Yes  No. What time does your child usually go to bed at night? \_\_\_\_\_ . What time does your child usually wake up in the morning? \_\_\_\_\_ .

Does your child have trouble sleeping?  Yes  No Trouble going to sleep?  Yes  No

Night Terrors?  Yes  No. Other: \_\_\_\_\_

How does your child sleep?  Stomach  Side  Back.

Are there any special dolls, blankets, etc that your child needs to go to sleep? \_\_\_\_\_

What is your child's disposition upon waking?  Happy  Grouchy  Clingy  Slow  Other

If infant what time(s) and for how long does your child usually nap?  
\_\_\_\_\_  
\_\_\_\_\_

How does your child like to be comforted? \_\_\_\_\_

Any other information that would help us to best care for your child while they are with us?  
\_\_\_\_\_  
\_\_\_\_\_