

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)