

# All About Your Child

*Parent or guardian is to fill out this page and return it to the staff the first day of care.*

This form is an important tool used by the staff to give them a better understanding of your child and his/hers daily routines. **Please be honest when answering these questions.** Remember there are **NO** right or wrong answers.



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

## Home Life

Names of Brothers & Sisters	Ages

Names of others lining in the home	Relationship to child

What language is spoken at home? \_\_\_\_\_

Does your child stay with any other adults besides parents? \_\_\_\_\_

Does your child have any pets?  Yes  No

If yes what are they and their names? \_\_\_\_\_





## Personality & Social Habits

How would you describe you child's personality?

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Does your child make friends easily? \_\_\_\_\_

Does your child tend to play alone or with others? \_\_\_\_\_

How does you child express anger or frustration? \_\_\_\_\_

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Does your child have any fears? \_\_\_\_\_

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What signs does you child give of being hungry, tired or overstimulated?

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Does your child separate from you easily?  Yes  No Please comment

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When your child is upset, what helps comfort him/her? \_\_\_\_\_

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What activities does you child enjoy? \_\_\_\_\_



## Eating Habits

What time does your child eat:

Breakfast (    ), Lunch (    ), Dinner (    ), Snacks (    )

Does your child feed him/herself:  Yes  No If yes:  Spoon  Fork  Knife

Child drinks from:  Bottle  Sipping Cup  Regular Cup

Favourite foods: \_\_\_\_\_

Foods dislike: \_\_\_\_\_



## Sleep Habits

Child has own room  Shares with other children  Sleeps with parents

Does your child bedtimes and waking times vary? \_\_\_\_\_

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ (Usual times)

Does your child nap? If so, how many? \_\_\_\_\_ Naps from \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

Does your child need a special comfort item to sleep with? \_\_\_\_\_

How do you put your child to sleep? \_\_\_\_\_

Does your child sleep on their stomach or back? \_\_\_\_\_

What kind of mood does your child wake up in? \_\_\_\_\_



## Toilet Habits

Is your child toilet trained? \_\_\_\_\_ If so, do they use the toilet or potty? \_\_\_\_\_

Does the child use the toilet independently? \_\_\_\_\_

What is the words does you use for toilet? \_\_\_\_\_

What is your diapering routine?  Wipes  Water  Cream  Powder

Any other details: \_\_\_\_\_



## Holidays and Cultural Influences

Please list special holidays your family celebrates:

Thanksgiving  Hanukkah  Christmas  New Years  Kwanza

Halloween  Chinese New Year  Easter  Passover  None

Other, please describe: \_\_\_\_\_

Would you be interested in sharing your special holidays with the daycare?  
\_\_\_\_\_

**Thank you for sharing this information with us!**

