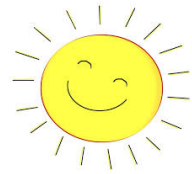




# All About Me

Information for St. Peter's Childcare Staff



Childs name: \_\_\_\_\_ DOB \_\_\_\_\_

Nicknames: \_\_\_\_\_

## PREVIOUS CHILDCARE

Has your child ever been in child care before? Y / N

If so, What type (center, family daycare, grandma etc.) and how long \_\_\_\_\_

Was it a positive experience? \_\_\_\_\_

Why are you looking for child care and what are your expectations? \_\_\_\_\_

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

## PERSONALITY

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

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

How does your child feel and react when being dropped off and left at daycare? \_\_\_\_\_

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

What is your normal method of discipline? \_\_\_\_\_

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

## SIBLINGS

Does your child have any siblings? Y / N If yes, please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Has your child had experience playing with other children? \_\_\_\_\_

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

## FOODS

Are there any food restrictions? Y / N if yes, please list: \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Does your child drink from a regular cup or a sippy cup? \_\_\_\_\_

Does your child feed themselves using silverware? \_\_\_\_\_

## TOLIET

Is your child potty trained? Y / N

Can your child be relied upon to indicate bathroom wishes? \_\_\_\_\_

What words does your child use for: Bowel movements \_\_\_\_\_ urination \_\_\_\_\_

## SLEEPING HABITS

What times does your child go to sleep at night and awaken in the morning? \_\_\_\_\_

Do they sleep through the night? Y / N

Does your child sleep in a bed, crib, or other? \_\_\_\_\_

Does your child take a nap each day? Y / N If yes, for how long \_\_\_\_\_

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ? \_\_\_\_\_

What is your bedtime/nap routine? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

What are your child's favorite colors, activities, toys, books, or games? \_\_\_\_\_

Are there any other comments or information you would like to let us know about? \_\_\_\_\_

Any specific concerns? \_\_\_\_\_