

# PRESCHOOL/KINDERGSCHOOL 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:

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 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)? \_\_\_\_\_

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?

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? 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:

What would you like your child to gain from the child care experience?

Anything else you would like us to know about your child?

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(Parent/Guardian's Signature)

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(Date)

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(Parent/Guardian's Signature)

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(Date)