



All About Me

Please complete a separate form for each child

Child's Name: _____ Nickname: _____ DOB: _____

Allergies: _____ Wears Glasses? Yes No

With whom does your child live? Both Parents Joint Custody Mother Father

Please list name, age and gender of all siblings your child lives with.

Mother's House			Father's House		
Name	Age	Boy / Girl	Name	Age	Boy / Girl
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other people your child sees frequently: _____

Is your child toilet trained? Yes No In Process

How does your child express he/she needs to use the toilet? _____

Does your child need help in dressing or undressing? Yes No

Does your child take a nap? Yes No Does your child use a pacifier? Yes No

Does your child have any particular fears? _____

What are your child's favorite games? _____

What are your child's favorite toys? _____

What books does your child enjoy? _____

What type of outdoor activities does your child enjoy? _____

Does your child have a security item? (blanket, doll, etc.) _____

Has your child used: Crayons Scissors Glue Pencils Computer

Does your child often play with children other than his/her siblings? Yes No

Has your child ever been tested for a learning disability or developmental delay? Yes No

Does your child have any existing illnesses or developmental issues? (If yes, please list.)

Does your child have a history of any of the following?

Vision Impairment Yes No

Eye Infections Yes No

Ear Infections Yes No

Speech Problems Yes No

Has any medication been prescribed to your child for long-term use? (If yes, please list.)

EATING HABITS

Is your child currently Breast Fed Bottle Fed Eats Some Solid Food Eats Only Solid Food

Can your child self-feed? Yes No

Does your child eat: Baby Food Formula Breast Milk Whole Milk Table Food

Food Likes: _____

Food Dislikes: _____

If your child drinks from a bottle:

Is the bottle warmed? Yes No

Does your child hold his/her own bottle? Yes No

If your child uses formula, what formula do you use at home? _____

Please list any other information or special instructions you would like to share:

Parent's Signature: _____ Date: _____