



# "Getting to Know You"

Date Completed: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## Health History

Current Health Status: \_\_\_\_\_

Previous illnesses/injuries: \_\_\_\_\_

Hospitalizations/surgeries: \_\_\_\_\_

Illnesses your child has had (chicken pox, measles, etc.):

Does your child... wear glasses? \_\_\_\_\_ wear a hearing aid? \_\_\_\_\_  
use other physical assistance devices? (please specify) \_\_\_\_\_

Medications your child takes on a regular basis: \_\_\_\_\_

Chronic illnesses/disabilities: \_\_\_\_\_

## Allergies (include statement of type of reaction and necessary treatment):

Food: \_\_\_\_\_ Epipen Required:  Yes  No

Medications:  
(Please list meds your child is allergic to here) \_\_\_\_\_

Environmental: \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan)?  Yes\*  No  
\*Please attach.

## Social Development

Describe your child's temperament: \_\_\_\_\_

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

How does your child respond to a stressful situation? \_\_\_\_\_

What seems to help your child feel better? \_\_\_\_\_

What method of discipline do you use at home? \_\_\_\_\_

Has your child been in previous child care? \_\_\_\_\_

Please complete back of form as well.

## Family Data

Who lives with your child?

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Child's Grandparents (name child calls them or if they are deceased): \_\_\_\_\_

Other members of the household: \_\_\_\_\_

Brothers/Sisters (names & ages): \_\_\_\_\_

### INFANTS

Nap Schedule: \_\_\_\_\_ Morning? \_\_\_\_\_ Afternoon? \_\_\_\_\_

Is your child breast fed? \_\_\_\_\_ and/or type of formula? \_\_\_\_\_

What is your child's feeding schedule?

Parents should provide current schedules based on changes in routine

### PRESCHOOLERS

Is your child toilet trained? \_\_\_\_\_ For urine? \_\_\_\_\_ For bowels? \_\_\_\_\_

How does your child communicate that he/she needs to use the toilet? \_\_\_\_\_

How would you describe your child's appetite? \_\_\_\_\_

Is there anything else we should know about your child's eating habits? \_\_\_\_\_

### VILLAGERS

What school does your child attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Favorite school subject(s)? \_\_\_\_\_

Homework Habits/Study Style: \_\_\_\_\_

Hobbies / Sports / Special Interests? \_\_\_\_\_

Anything we should know about your child's eating habits? If so, please explain:

What are some favorite "quiet time"/relaxing activities that your child enjoys?

### ALL CHILDREN

Please add anything else about your child that would help us in providing care: