



## Future Scholars Childcare & Preschool

330 Crocker Blvd.

Mount Clemens, MI 48043

(586)213-1531

# “ALL ABOUT ME”

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have a nickname? If yes: \_\_\_\_\_

Parents are a child's first teacher, with that in mind the item listed below are things that you as a parent remember. This will help us to make sure your child is hitting all of their milestones, which is why we ask the following questions to have starting point. So, we can work together to meet and exceed those milestones.

### DEVELOPMENTAL HISTORY

Age child began sitting: \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_  
talking \_\_\_\_\_

Does child: \_\_\_\_\_ pull up \_\_\_\_\_ crawl \_\_\_\_\_ walk with support

Times child is fussy: \_\_\_\_\_

How do you handle these fussy times? \_\_\_\_\_

### FAMILY INFORMATION

With whom does child reside? \_\_\_\_\_

Who else lives in the home (siblings, extended family, pets)? \_\_\_\_\_

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



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What does child call family members?

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Language spoken at home: \_\_\_\_\_

Are books read in languages other than English? \_\_\_\_\_

Are there words in your home language that we should know?

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Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful:

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**HEALTH/ DEVELOPMENT**

Serious illnesses or hospitalizations (describe)?

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Any history of colic? If yes, explain \_\_\_\_\_

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Special physical conditions, disabilities, or allergies (describe)?

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Is your child presently or ever been diagnosed with a special need? \_\_\_\_\_  
if so, is he/she receiving any special services?

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Regular medications?

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### EATING HABITS

Special characteristics or difficulties?

Special diet: \_\_\_\_\_ Formula: \_\_\_\_\_

Breast Milk: \_\_\_\_\_ How often \_\_\_\_\_

Any food allergies? \_\_\_\_\_

Have solid foods been introduced? YES/NO If yes, please identify:

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

Child eats: on lap, in high chair or other: \_\_\_\_\_

Child eats with: spoon fork hands other: \_\_\_\_\_



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### TOILETING/DIAPERING HABITS

Is your child toilet trained: \_\_\_\_\_ If yes, when did you begin? \_\_\_\_\_

Is there frequent diaper rash? \_\_\_\_\_ if yes, how often \_\_\_\_\_

Do you use: creams, lotion, powder or other: \_\_\_\_\_

Are bowel movements: regular \_\_\_\_\_ how often: \_\_\_\_\_

Is there a problem with: diarrhea \_\_\_\_\_, constipation \_\_\_\_\_

Any issues with urination: \_\_\_\_\_ Explain: \_\_\_\_\_

What is used at home: potty-chair special seat regular seat Word used for urination: \_\_\_\_\_ bowel movement: \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_ If yes, how often/when? \_\_\_\_\_

### SLEEPING HABITS

Does child sleep in: crib bed with parents. Times child take naps?

Times: a.m. \_\_\_\_\_ - \_\_\_\_\_ p.m. \_\_\_\_\_ - \_\_\_\_\_

Additional napping information?

\_\_\_\_\_

What does child take to bed? \_\_\_\_\_

Mood on awakening: \_\_\_\_\_

What time does child go to bed at night: \_\_\_\_\_ awake in morning: \_\_\_\_\_

Are there any sleep/wake time rituals? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_



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### SOCIAL RELATIONSHIPS

Has child had any experience playing with children? \_\_\_\_\_ if so, please describe: \_\_\_\_\_

Is child: friendly aggressive shy withdrawn

Reaction to strangers? \_\_\_\_\_

Have you had any previous child care experience? \_\_\_\_\_. If yes, did it meet your needs and expectations? Explain:

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Prefers to play: alone in small groups Favorite toys and activities?

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Is child frightened by: animals' rough children loud noises dark other?

Explain: \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

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How does your child prefer to be held? \_\_\_\_\_

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### DAILY SCHEDULE

Please describe by approximate time your child's current daily activities (e.g., awakening, eating, time out of crib, napping, toilet habits, fussy time,



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bedtime): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTING PHILOSOPHY**

Do you have ideas about parenting that would help us to better care for your child as an individual? \_\_\_\_\_  
\_\_\_\_\_

What do you, as a family, hope to get out of this child care experience here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent's/Guardian's Signature)

\_\_\_\_\_  
(Date)