

MI CASITA HOME CHILD DAY CARE

ALL ABOUT ME, CHILD RESUME:

All the information provided on this form is requested so I can get to know your child and help the adjustment period go a little smoother.

It will all be kept confidential.

Child's Name: _____

Birthdate: _____

My nickname is: _____

Your Family: Mother's birthday: ____/____/____

Father's birthday: ____/____/____

I have ____ brothers & ____ sisters, their names, ages, birthdays are:

What type of discipline is most often used in your home?

Are there any "family" rules I should be aware of?

Do you have pets at home? ____ YES ____ NO

What? _____

Do you have a backup care provider? Yes ____ No ____

Your Child: Please circle all the words that best describe your child: calm, shy, excitable,

Happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active,

destructive, gives in easily, temper tantrums, jealous, shares well, hyperactive, bright, slow learner, busy, contented, other:

My favorite activity is:

My favorite toy is:

My favorite color is:

My favorite song is:

Does your child know the basic shapes?

ABC's _____ colors _____ numbers _____

State of Texas Registered Home Child Day Care: Eugenia Alexander, 9820 Camfield Rd. Frisco, TX 75035-2509. Phone 214-317-6867.

Sleeping Habits: Are there any special dolls, toys, or pacifier he/she needs in order to go to sleep? Yes _____ No _____ If yes, please explain:

What is the usual time and length of naps taken each day? Morning (time): _____ (length) _____ Afternoon (time): _____ (length) _____ Where (on what) does your child sleep?

How do you put your child to sleep?

Eating Habits: My favorite foods:

My least favorite foods:

Does your child feed him/herself? Yes _____ No _____

Does your child eat with utensils? Yes _____ No _____

Does your child have a special diet? Yes _____ No _____ If yes, please explain:

Does your child have any known food allergies? Yes _____ No _____ If yes, please explain:

What time does your child eat: Breakfast _____ Lunch _____ Dinner _____

Medical Information: Has your child ever had chicken pox? Yes _____ No _____

Any Known Allergies? (Asthma, Hay Fever, Insect Bites, Medicines, Food, Etc?)
Yes _____ No _____ if yes, please explain:

List child's frequent illnesses:

Are any medications given regularly? Yes _____ No _____ if yes, please explain:

Are there any special medical concerns I should know about? Yes _____ No _____
If yes, please explain:

Please list any personal habits, thumb sucking, or nail biting etc. :

Self-Care: Is your child in diapers? Yes _____ No _____

Has potty training begun? Yes _____ No _____

Is your child potty trained? Yes _____ No _____

If your child is potty trained, can he/she be relied upon to indicate bathroom needs?
Yes _____ No _____

What word does your child use for: Bowel movements? Urination?

Does your child separate easily from you? Yes _____ No _____
If yes, please explain:

Is your child afraid of anything? Yes _____ No _____ if yes, please explain:

Additional Information: Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

What are your hopes/expectations from an in home child care setting?
