

# All About My Child

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_

Has the child been to Daycare before: ☐ Yes ☐ No

Is the child potty trained ? ☐ Yes ☐ No

Is the child allergic to anything? ☐ Yes ☐ No

If Yes, mention details: \_\_\_\_\_

\_\_\_\_\_

## FAVORITES

♥ Breakfast: \_\_\_\_\_ ♥ Movie: \_\_\_\_\_

♥ Snacks: \_\_\_\_\_ ♥ Song: \_\_\_\_\_

♥ Candy: \_\_\_\_\_ ♥ Book / Author: \_\_\_\_\_

♥ Drink: \_\_\_\_\_ ♥ Tv show: \_\_\_\_\_

♥ Animal: \_\_\_\_\_ ♥ Sports: \_\_\_\_\_

♥ Color: \_\_\_\_\_ ♥ Activity: \_\_\_\_\_

## OTHER DETAILS

Least favorite food: \_\_\_\_\_

Sleeping habits: \_\_\_\_\_

Fears: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

## OTHER IMPORTANT INFORMATION

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