

Today's Date: \_\_\_\_\_

### CHILD'S BIOGRAPHY

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Phone #: Home \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Texting?  Yes  No

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Phone #: Home \_\_\_\_\_ Work: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Texting?  Yes  No

Father's Email: \_\_\_\_\_

Sibling's names & birthdates: \_\_\_\_\_

\_\_\_\_\_

### CHILD'S DISPOSITION

How is your child most easily settled? \_\_\_\_\_

Does your child have any security items such as pacifier, blanket, etc. or favorite activities?

\_\_\_\_\_

**MEDICAL INFORMATION**

Is your child allergic to food or other substances? (If so, name substances to be avoided and procedure to follow if reaction occurs) \_\_\_\_\_  
\_\_\_\_\_

Is your child prone to any illness? (Asthma, ear infections, tummy aches, etc.)  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_

**EATING**

What are your child's favorite foods? (for infant, specify cereal, baby foods, etc.)  
\_\_\_\_\_

What are your child's least favorite foods? \_\_\_\_\_

What does your child drink and how often? \_\_\_\_\_

**BOTTLES:** Brand & type (standard, angled neck, disposable) \_\_\_\_\_

If the bottle is warmed, how do you warm it? \_\_\_\_\_

Is the child on formula or milk? What kind? \_\_\_\_\_

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

**SLEEPING**

Where (on what) does your child sleep? \_\_\_\_\_

Please indicate usual nap times: \_\_\_\_\_

Special toy or blanket for nap time? \_\_\_\_\_

How do you put your child to sleep? \_\_\_\_\_

**PREVIOUS CARE**

Has your child had previous day care experience? Please list prior caregivers and/or day care centers and describe these experiences:

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**GENERAL**

What forms of discipline are most often used in your home? \_\_\_\_\_

What size diaper does your child wear? \_\_\_\_\_

Do you have pets at home? What kind? \_\_\_\_\_

What do you expect from child care? \_\_\_\_\_

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Any other comments or suggestions? \_\_\_\_\_

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Referred to *Pamm's House* By: \_\_\_\_\_

**"You are precious and honored in my sight." Isaiah 43:4**