

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:

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? _____

Any other comments or suggestions? _____

Referred to *Pamm's House* By: _____

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