

Child and Family Information Sheet

Mom's name	
Dad's name	
Child's name	
Child's Birthday	Nickname
Address	
(Mother's) Cell Phone	
(Father's) Cell Phone	
(Mother's) Email address:	
(Father's) Email address	
Mother's Employer (include name and a	address, telephone number and extension):
Telephone:	
Hours of employment are from	a.m. Top.m.
Father's Employer: (include name and a	address, telephone number and extension):
Telephone:	
Hours of employment are from	
Times you plan to drop your child off_	
Times you plan to pick up your child	
	before? What type (center, family daycare,
grandma etc.)	
Was it a positive	
Why are you looking for child	
care?	
	e they easy going, hard to please, demanding, aggressive, etc.
What are some of your child's favorite	2
activities?	-
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Are there any food
restrictions?
habits?
What are your hopes/expectations for your child
here?
 Do you have a backup care
provider?
Does your child have any known allergies?
Are you concerned that your child may be prone to any type of allergies?
Describe:
Does your child have any medical conditions which I should be made aware of?
What time does your child awaken?
What time does your child go to sleep at night?
Do they sleep through the night?
Does your child sleep in a bed or crib, other?
Does your sleep alone or with someone else?
Are there any siblings? Please name them and specify ages and gender.
Name age
Name age
Name age
Has your child had experience playing with other children?
What language(s) are spoken at home?
Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?
Where did you hear about us?