THE FOX'S DEN CHILDCARE

ALL ABOUT ME

MY CHILD

Child's name

Nickname

Date of birth

Completed by

Relationship to child

MY FAMILY & HOME

Who lives at home with your child? Include names and relationships.

Primary language(s) spoken at home

Pets (type and names)

Family arrangements, traditions, cultural/religious practices, or recent changes we should know about

COMMUNICATION & CARE

How does your child communicate wants and needs? (words, signs, gestures, device, etc.)

Previous care experience ☐ None ☐ Family/friend ☐ In-home ☐ Childcare center ☐ School

What would help your child feel comfortable while adjusting to our program?

FOOD & DRINKS

Drinks (check all that apply) ☐ Milk ☐ Formula ☐ Water ☐ Juice

Favorite foods

Foods disliked

Food allergies, dietary restrictions, or foods not to be served*

**Required medical or dietary documentation must also be provided when applicable.*

STARTING AT THE FOX'S DEN

What is your child excited about?

What are you or your child feeling unsure or anxious about?

Your most important goal for your child's care

THE FOX'S DEN CHILDCARE

ALL ABOUT ME

MY PERSONALITY

Check the words that best describe your child:

- ☐ Active
- ☐ Affectionate
- ☐ Adventurous
- ☐ Calm
- ☐ Cautious
- ☐ Cheerful
- ☐ Creative
- ☐ Curious
- ☐ Energetic
- ☐ Friendly
- ☐ Independent
- ☐ Loving
- ☐ Outgoing
- ☐ Quiet
- ☐ Sensitive
- ☐ Social
- ☐ Strong-willed
- ☐ Likes routines

COMFORT & BEHAVIOR

Fears, frustrations, or common triggers - and how your child responds

What helps your child calm down or feel safe?

How do you respond to challenging behavior at home?

DAILY ROUTINES

Toileting ☐ Diapers ☐ Training ☐ Independent ☐ Needs assistance

Words, signs, or cues your child uses for toileting

Typical bedtime

Typical wake time

Nap time(s) and usual length

Mood upon waking

Sleep needs, challenges, or comfort items

ANYTHING ELSE?

Abilities, interests, routines, supports, or other details that will help us care for your child

Parent/Guardian signature

Date