

Date \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Siblings \_\_\_\_\_

### Parent Information

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

Address (If different) \_\_\_\_\_

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

Address (If different) \_\_\_\_\_

Marital Status \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

How do you comfort your child at home when they are upset?

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Does your child use a pacifier? \_\_\_\_\_ If so When? \_\_\_\_\_

What techniques do you use at home when putting your child to sleep?

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Does your child have any items of comfort (blanket, stuffed animal, etc.)?

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When do they use it? \_\_\_\_\_

**What types of independent, self-help skills does your child have? (feeding, dressing, washing hands, using the toilet, etc.)**

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**What special interests does your child have?**

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**What type of care settings has your child previously been involved in?**

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**Please describe any allergies or special needs your child may have:**

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**Is there any additional information that can help us better care for your child?**

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