

What You Need To Know About My Child

*Completed by parent on each child and passed onto the Caregiver.



children's home + aid

Name of child? _____

Do you have a Nickname for your child? _____

Any name he/she DOES NOT like to go by _____

How do you prefer your child address the caregivers? Examples (Mrs., Mamma....by first name, Aunt....?) _____

Is there a nightly routine (such as normal time for bed, bedtime reading, and prayers, special stuffed animal, blanket, music, night light etc)

Does your child sleep through the night? Yes _____ NO _____ If not what is the best way to help him/her. _____

Does your child wet the bed? _____ If yes, how is this handled?

Any fears? _____

How do you provide your child comfort? _____

Any special toys or games your child likes to play? _____

Any specific foods that your child likes? _____

What does a normal breakfast, lunch and dinner consist of? _____

Any meal time routines or chores (prayer before meal? Setting table, TV during meals etc)

Any food allergies? _____

Any foods your child will not eat? _____

Does your child have any special names for their body parts? _____

What does your child weekend routine look like? _____

My child attends _____ religious services.

My child's doctor is _____ His phone number and or address
is _____ Next medical appointment is _____

My child takes _____ medication for _____

Does your child have any immediate or ongoing medical needs we should be aware of?

What is your child favorite game? _____

Favorite Sport? _____

Favorite TV program? _____

Are there any friends or extended family members you would like for them to keep in contact with? Include relationship, name and contact information.

Does he/she have a pet at home? _____ If yes, what kind? _____ Name? _____

Does your child have any fear animals? Yes _____ NO _____ What Kind of Animal _____

Anything else you think we should know about your child to make him/her feel more safe and secure?
