

All About Me!

Child's Name: _____ Child's DOB: _____

Child's Nick Name: _____ Age of Child: _____

Does your child have any Siblings? Yes or No
If yes, Name and Age of siblings:

Who does your child live with?

Is there a custody agreement? Yes or No If yes, please provide a copy for our records.

Does your child have an IEP or IFSP? Yes or No If yes, please provide a copy for our records.
If yes, what does your child have IEP or IFSP for?

Does your child have any allergies? Yes or No If yes, please list them:

What is your child's favorite toy? _____

What does your child enjoy to eat? Drink? _____

What upsets your child? _____

What calms down your child? _____

What makes your child happy? _____

Does your child have a daily routine? Yes or No What is it? _____

Does your child have a regular sleep schedule? Yes or No What time does your child go to sleep
at
night? _____

For School Age Only: What school does your child attend? _____

At FDN is your child: Before and After, Before Only, After Only

Parent's Email: _____

Parent's Signature: _____