

# FERNDALE DAY NURSERY

*& Early Childhood Learning Center*

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## All About Me!

Date: \_\_\_\_\_

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 at home? \_\_\_\_\_

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? \_\_\_\_\_

Anything else you may want to share? \_\_\_\_\_

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: \_\_\_\_\_

