

## CHILDREN'S BIOGRAPHY

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent's Employer: \_\_\_\_\_

Phone#: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Parent's Employer: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Phone#: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Do they have brothers & sisters? If so, what are their sex/ages? \_\_\_\_\_

\_\_\_\_\_

### DISPOSITION

How does your child react when you leave them? \_\_\_\_\_

What is your child's normal disposition? \_\_\_\_\_

Does your child have any bad habits? \_\_\_\_\_

Are there any restrictions to play or activities? \_\_\_\_\_

Any speech / hearing / vision problems? \_\_\_\_\_

Has your child had any communicable diseases? If so, when? \_\_\_\_\_

\_\_\_\_\_

Is your child prone to any illness (such as headaches, tummy aches, etc.)? \_\_\_\_\_

Does your child have any special needs (developmental delay, learning disability or suspected)?

\_\_\_\_\_

How is your child most easily settled and comforted? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_  
\_\_\_\_\_

### **EATING**

What are your child's favorite foods? \_\_\_\_\_  
\_\_\_\_\_

What are your child's least favorite foods? \_\_\_\_\_  
\_\_\_\_\_

Does your child eat with utensils? Which one(s)? \_\_\_\_\_

### **SLEEPING**

What time does your child wake up? \_\_\_\_\_

What is their mood when they wake up? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_

What is their mood when they are put to bed? \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_

Does your child take a nap? If yes, when? \_\_\_\_\_

How do you put your child to sleep? \_\_\_\_\_

### **PERSONALITY TRAITS**

Has your child had experience playing with other children? \_\_\_\_\_

How does your child show when he/she is?

Afraid? \_\_\_\_\_

Happy? \_\_\_\_\_

Angry? \_\_\_\_\_

Tired? \_\_\_\_\_

Sick? \_\_\_\_\_

What forms of discipline are most often used in your home? \_\_\_\_\_  
\_\_\_\_\_

How does your child feel about daycare? \_\_\_\_\_

Are there any recent traumatic events that have occurred within your life that could affect your child? If yes, what? \_\_\_\_\_

Does your child have any special toys, blanket, etc.? \_\_\_\_\_

Does your child have any favorite games? -

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When your child is upset, what helps to comfort them? -

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### **POTTY TRAINING**

If your child is potty trained, can he/she be relied upon to indicate bathroom needs? \_\_\_\_\_

Does your child have any fears relating to potty training? \_\_\_\_\_

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Does your child have any accidents? When? \_\_\_\_\_

What word does your child use for?

Bowel movements? \_\_\_\_\_

Urination? \_\_\_\_\_

Soiled Diaper? \_\_\_\_\_

### **GENERAL**

What do you expect from childcare? \_\_\_\_\_

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What could your previous childcare have done differently?

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Have you made any arrangements for child care during illness (who should we call in case emergency pickup is needed due to illness)? \_\_\_\_\_

Is there anyone else authorized to pick up your child? If so, please give complete names and phone numbers, as well as relationship to child. \_\_\_\_\_

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Any other comments/suggestions? \_\_\_\_\_

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What made you choose Elite Childcare Academy?

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