

All About Me

We want to know your child to better ease their transition. Please complete both pages of this form and email it back to Meghan Chaney mchaney@stthomasop.org. Thank you!

Child's Name: _____ Child's Nickname: _____

Mom's Name: _____ Dad's Name: _____

Sibling's Name/Ages: _____

Do you have a home church? _____ Where? _____

Any food allergies: _____ Reaction: _____

Any allergy air born or ingested: _____ EpiPen: _____

Other allergies _____

Does your child have a health conditions that would limit activity? Ex: Activity induced asthma? _____

What does your child like to play with at home? _____

Favorite Songs: _____

What makes your child most comfortable in new situations?

To comfort your child do you use a pacifier or something special (be specific) ex: Blanket or toy? _____

Experience in other care: _____ How long/how often: _____

Reactions to Mom/Dad leaving: _____

Any worries or concerns: _____

Bathroom skills: Diaper 100% _____ Fully potty-trained with no worries _____

My child uses a: Potty-chair _____ Toilet _____

Potty training: What skills do they have? _____

Does your child need assistance when using the potty? _____

Do they tell you they need to use the potty? Yes _____ No _____

Mealtime: Does your child use a highchair? _____ Sits at table? _____

Does your child feed himself/herself? _____ Use utensils? _____

Comments or concerns regarding mealtime or eating: _____

Language: To what degree does your child verbally communicate? _____

Do they use any sign language? _____ If yes, what do they use? _____

How would you describe your child's temperament? _____

How would you describe your child's activity level? _____

Any general information that would help us assist caring for your child:
