

Kid Time Cares

Getting to Know Your Child

Developmental History

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The information obtained on this form is to help us understand your child, and how to best provide care for them.

**Developmental History:**

Please write the age your child reached each milestone, if they have not yet reached it please right N/A

Sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_

**Home Life:**

Who does your child live with?

\_\_\_\_\_

Is there a parent not in the home? Do they visit this parent? Are there any custody issues we should know about?

\_\_\_\_\_

\_\_\_\_\_

Does your family have any pets? \_\_\_\_\_

Does your child have a nick name? \_\_\_\_\_

What language is spoken in your home? \_\_\_\_\_

**Eating Habits:**

Can your child eat a meal by themselves? \_\_\_\_\_

Can your child eat with utensils? \_\_\_\_\_ or do they eat with fingers? \_\_\_\_\_

Can they drink from a cup or do they use a sippy cup? \_\_\_\_\_

How do they ask for more food or a drink? \_\_\_\_\_

What's your child's favorite food? \_\_\_\_\_

Is there a food your child will not eat? \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

\_\_\_\_\_

**Toileting Habits:**

Is your child potty trained? \_\_\_\_\_

Does your child require assistance while using the bathroom? \_\_\_\_\_

Does your child have regular bowel movements? \_\_\_\_\_ How many per day? \_\_\_\_\_

Is there a problem with constipation or diarrhea? \_\_\_\_\_

How does your child indicate they need to use the bathroom? \_\_\_\_\_

Do they use special words for the following?

Bowel movement? \_\_\_\_\_ Urination? \_\_\_\_\_ Genitalia? \_\_\_\_\_

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

**Diapering Habits:**

Does your child wear

Disposable diapers \_\_\_\_\_ Cloth diapers \_\_\_\_\_ Pull ups \_\_\_\_\_

Pull ups for naps \_\_\_\_\_

Do you use creams or powders when diapering? \_\_\_\_\_

Is your child allergic to any diapers or wipes? (in case we run out of your supplies) \_\_\_\_\_

Does your child get diaper rashes easily? \_\_\_\_\_

How often do you change your child's diaper? \_\_\_\_\_

**Sleeping Habits:**

What time does your child wake up? \_\_\_\_\_ what time do they go to bed? \_\_\_\_\_

Do they sleep in your room? \_\_\_\_\_

if yes, do you co-sleep or bed share? \_\_\_\_\_

Does your child sleep in a bassinet, crib, toddler bed, regular bed? \_\_\_\_\_

Does your child have a specific nap time? \_\_\_\_\_

Does your child have a special blanket or toy they sleep with? \_\_\_\_\_

What position do they sleep in? \_\_\_\_\_

**Social Habits:**

Does your child make friends easily? \_\_\_\_\_

What is your child's favorite toy or activity? \_\_\_\_\_

Does your child participate in extracurricular activities? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

How do they react to strangers? \_\_\_\_\_

Are they able or prefer to play alone? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

How do you handle behavior problems? \_\_\_\_\_

What kind of experience do you want your child to receive at school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Medical Needs:**

Food allergies: \_\_\_\_\_

Environmental allergies: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Does your child have any special medical information for management to use in an emergency situation? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs (medically, developmental, social, or mental health)? \_\_\_\_\_

\_\_\_\_\_

Do any of the special needs require care from the classroom teacher? \_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP or IFSP? \_\_\_\_\_ Could we please have a copy? \_\_\_\_\_

Does your child receive services outside the childcare environment? \_\_\_\_\_

if yes, what kind? \_\_\_\_\_