



ALMOST MOM

State of Texas Home Day Care

Heidi Pearson
8932 Risky Trl
Keller, TX 76244
Home/Fax: 817-741-2762
Mobile: (817) 880-3168
www.almostmom.net
almostmomtx@1scom.net

All About Me *Child Resume*

All the information provided on this form is requested so I can get to know your child and help the adjustment period go a little smoother. It will all be kept confidential.

Child's Name: _____ Birthdate: _____

My nickname is: _____

Your Family:

Mother's birthday: ____/____/____

Father's birthday: ____/____/____

I have ____ brothers & ____ sisters, their names, ages, birthdays are:

What type of discipline is most often used in your home? _____

Are there any "family" rules I should be aware of? _____

Do you have pets at home? ____ YES ____ NO What? _____

Do you have a backup care provider? Yes ____ No ____

Your Child:

Please circle all the words that best describe your child: calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, destructive, gives in easily, temper tantrums, jealous, shares well, hyperactive, bright, slow learner, busy, contented, other: _____

My favorite activity is: _____

My favorite toy is: _____

My favorite color is: _____

My favorite song is: _____

Does your child know the basic shapes? _____

ABC's _____ colors _____ numbers _____

Sleeping Habits:

Are there any special dolls, toys, or pacifier he/she needs in order to go to sleep? Yes _____ No _____

If yes, please explain: _____

What is the usual time and length of naps taken each day? Morning (time): _____ (length) _____

Afternoon (time): _____ (length) _____

Where (on what) does your child sleep? _____

How do you put your child to sleep? _____

Eating Habits:

My favorite foods: _____

My least favorite foods: _____

Does your child feed him/herself? Yes _____ No _____

Does your child eat with utensils? Yes _____ No _____

Does your child have a special diet? Yes _____ No _____

If yes, please explain: _____

Does your child have any known food allergies? Yes _____ No _____

If yes, please explain: _____

What time does your child eat: Breakfast _____ Lunch _____ Dinner _____

Medical Information:

Has your child ever had chicken pox? Yes _____ No _____

Any Known Allergies? (Asthma, Hay Fever, Insect Bites, Medicines, Food, Etc? Yes _____ No _____

If yes, please explain: _____

List child's frequent illnesses: _____

Are any medications given regularly? Yes _____ No _____

If yes, please explain: _____

Are there any special medical concerns I should know about? Yes _____ No _____

If yes, please explain: _____

Please list any personal habits, thumb sucking, or nail biting etc. _____

Self-Care:

Is your child in diapers? Yes _____ No _____

Has potty training begun? Yes _____ No _____

Is your child potty trained? Yes _____ No _____

If your child is potty trained, can he/she be relied upon to indicate bathroom needs? Yes _____ No _____

What word does your child use for:

Bowel movements? _____

Urination? _____

Does your child separate easily from you? Yes _____ No _____

If yes, please explain: _____

Is your child afraid of anything? Yes _____ No _____

If yes, please explain: _____

Additional Information:

Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

What are your hopes/expectation from an in home child care setting?
