

# FCC – ALL ABOUT ME AND MY FAMILY

Filling out this form is done voluntarily. You may choose to fill out the entire form or just those parts you feel comfortable with. All information will be kept confidential and is used to assist providers in providing quality, individualized care.

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sex: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Does your child have any allergies, and if so please list? \_\_\_\_\_

Child's favorite food: \_\_\_\_\_

Food your child dislikes: \_\_\_\_\_

Child's favorite toy and book: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_

List siblings and their ages: \_\_\_\_\_

Are there other members of the household? If so, list name, age and relationship? \_\_\_\_\_

Toilet Trained (circle one)      Not Trained      Just Beginning      Fully Trained

Describe assistance needed and words used: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When? \_\_\_\_\_ How Long? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child have any specific fears? If so, describe \_\_\_\_\_

What are your child's favorite activities (finger plays, nursery rhymes, songs, etc.)? \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Other languages: \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

Has your child gone to any other program before, and if so please describe previous experiences? \_\_\_\_\_

What do you hope will be included in your child's Family Child Care program? \_\_\_\_\_

What are some rules the child follows at home? \_\_\_\_\_

What is the method of discipline, guidance, or behavioral control used at home? \_\_\_\_\_

What is one normal routine at home that can be done in the home to make a smooth transition for both child and provider? \_\_\_\_\_

Do you have any favorite cultural food/dish you serve your family that we might include in our menus? \_\_\_\_\_

What traditions/holidays do you celebrate as a family? \_\_\_\_\_

What cultural background information would you like to share? \_\_\_\_\_

Does the family have any hobbies, skills, or talents that you could share with us? \_\_\_\_\_

When your child is upset, he/she likes to be comforted by: \_\_\_\_\_

What does your child enjoy doing with different members of the family? \_\_\_\_\_

How can we validate and support your family's lifestyle in our Family Child Care Program? \_\_\_\_\_

Please provide any child care giving issues, routine separation issues, special needs issues, foods being served/consumed or daily care issues we need to know about your child. \_\_\_\_\_