

*Abundant Love Child Care
16102 Dawn Marie Lane
Sugarland, Texas 77498
832-755-9958*

All About Me

Please fill out this form and return it, by doing so this will help me and/or staff of Abundant Love Child Care with ensuring that we are properly meeting the individual needs of your child. If you have more than one child that will be attending please fill out a separate sheet for each child.

Name of Child: _____

Date of Birth: _____

Has your child ever attended Daycare before? _____

If yes, when and where? _____

Has or does your child have any known health care problems? _____

If yes, please explain _____

Does your child take any medication on a regular basis for any health problems? _____

If yes, what and when is it given? _____

Please sign the permission forms authorizing Abundant Love Child Care to administer the medication if needed.

Does your child have any allergies and if so could you please supply me with a Doctor's statement for the allergy listed. _____

Special instructions in the event of an allergic reaction _____

What is your child's usual dining habits? (circle all that apply). Bottle, sippy cup, regular cup, high chair, table, using of fingers or using of utensils

If your child is on formula, what type of formula do you use?

How much and how often does your child receive a bottle if he/she is on a bottle? _____

Does your child prefer the bottle cold or warm? _____

Do you add cereal or fruit to your child's bottle? _____

If so, how much, what kind and how often? _____

What is your child's favorite food? _____

Please list 5 words that best describes your child's personality?

1. _____

2. _____

3. _____

4. _____

5. _____

Is your child comfortable with other children? _____

How does your child express him/her self when angry? _____

How does your child react when he/she is afraid? _____

What is your child's favorite indoor activity? _____

What is your child's favorite outdoor activity? _____

What is your child's favorite toy? _____

Is your child potty trained and if so what word(s) does your child use to express that he/she has to go to the restroom? _____

Does your child have any siblings? _____
If so, what are their names, ages and school/daycare attending?

What are your expectations of Abundant Love Child Care and what do you expect your child to receive from being enrolled in this program? _____

Is there anything else that you feel I need to know that will assist me in the care for your child/children?

Parents Signature: _____
Date: _____

Caregiver's Signature: _____
Date: _____