



## All About My Child

Welcome to **BAMBINOS**! The details and information you provide helps us to know your child.

My child's name is \_\_\_\_\_. He / she likes to be called \_\_\_\_\_.

Prior to coming to Bambinos Family Daycare, my child was in the following environment:

- ☐ at home with \_\_\_\_\_ ☐ home child care setting  
☐ Preschool \_\_\_\_\_ ☐ child care center \_\_\_\_\_

My child has \_\_\_\_\_ siblings. Please include names and ages:

\_\_\_\_\_

Hours and days of expected attendance: M-F M-W-F T-TH 8-4pm

Early care 7-8pm \_\_\_\_\_ After care 4:00-5:00pm \_\_\_\_\_

### General Information

My child is interested in: \_\_\_\_\_

\_\_\_\_\_

My child likes to spend time: \_\_\_\_\_

My child is good at: \_\_\_\_\_

My child has difficulty:  
(situations or behaviors) \_\_\_\_\_

\_\_\_\_\_

My child might need help with:  
(situations or behaviors) \_\_\_\_\_

\_\_\_\_\_

Good habits we are working on  
at home: (situations or behaviors) \_\_\_\_\_

\_\_\_\_\_

In general, my child is more: Outgoing \_\_\_\_\_ Introspective \_\_\_\_\_

My child has the following pets at home:

\_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

### **Health and Diet Information**

Allergies: \_\_\_\_\_

Health Concerns: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

My child goes to sleep at \_\_\_\_\_ pm and wakes up at \_\_\_\_\_ am

My child naps from \_\_\_\_\_ to \_\_\_\_\_ in the morning and from \_\_\_\_\_ to \_\_\_\_\_ in the afternoon.

I have chosen Bambinos Family Daycare because:

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

\_\_\_\_\_  
*Parent signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*