

Getting to Know Your Child

2-5 year olds

Child's Name: _____ Child's Date of Birth: _____

Child Lives With:

Name: _____ Relationship to child: _____

Cell phone: _____ Email address: _____

Name: _____ Relationship to child: _____

Cell phone: _____ Email address: _____

Non-Custodial Parents:

Name: _____ Relationship to child: _____

Cell phone: _____ Email address: _____

Name: _____ Relationship to child: _____

Cell phone: _____ Email address: _____

Does the child see this person? _____ Will this person interact with your child at the Center? _____

Any restrictions/limitations (COPY OF LEGAL DOCUMENTS MUST BE FURNISHED): _____

Sibling's names & ages:

Health

Does your child seem well most of the time? Yes No

Child's General Mood: Are they mostly Happy, fussy, colicky, what? _____

Is your child taking any medications regularly (such as Tylenol, laxatives, vitamins, etc?) Yes No

If yes, what and when? _____

****Please note that BBP staff is not able to administer any medication****

How many ear infections has child had in the past year?

Has your child ever been seen by a medical specialist? Yes No

If yes, explain: _____

Has your child had any other illnesses/diseases? Yes No

If yes, explain: _____

Has your child had any serious accidents, hospitalizations, etc.? Yes No

If yes, explain: _____

Potty Patterns:

Is your child fully potty trained? Yes No

How often does your child have a bowel movement?

Is your child's average stool:

Very soft (like a newborn)

soft firm (like an adult)

very hard (pellet like)

Other information: _____

Additional information:

How would you like for us to help your child grow?

Comments:

Thank you for helping us get to know your child!

Please fill out and return as soon as possible.