



Rhode Island Department of Human Services

Licensed Child Care: Infant-Preschool Child Information Form

Child Information

Child's Full Name:	
Date of Birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Language:	Secondary Language:

Child Developmental Information

(It is recommended that this form is copied and provided to the child's direct teacher/provider.)

Social Emotional

Describe your child's personality	
Child's Fears	
Favorite Toys/ Activities/Interests	
How do you comfort your child?	
How do you guide your child's behavior?	
Can you provide me with any additional information about your child which might help in caring for him/her?	

Bathroom Habits

Is your child potty trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> So close!
Does your child tell you when they need to use the bathroom? If so, how?	

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Is your child prone to diaper rash?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What do you use to treat diaper rash?	<input type="checkbox"/> Lotion <input type="checkbox"/> Oil <input type="checkbox"/> Powder <input type="checkbox"/> Other:
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Sleeping Habits

Is your child sleeping in a crib?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Typical nap/time and/or nap habits:	
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Health and Physical Development

Is your child able to	<input type="checkbox"/> Sit independently <input type="checkbox"/> Stand independently <input type="checkbox"/> Walk independently
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Special physical conditions and/or disabilities:	<input type="checkbox"/> Yes (If yes, please explain) <input type="checkbox"/> No
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Regular medications:	<input type="checkbox"/> Yes (If yes, please explain) <input type="checkbox"/> No
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Allergies:	<input type="checkbox"/> Yes (If yes, please complete an Allergy Information Sheet) <input type="checkbox"/> No
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Eating Habits

Is your child currently:	<input type="checkbox"/> Breast feeding <input type="checkbox"/> Bottle Feeding <input type="checkbox"/> Using a sippy cup
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Please describe your child's eating habits (including frequency)	
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Acknowledgment

By signing this form, I acknowledge that the information contained in this document is true and accurate. I understand that it is my responsibility to update the program/provider in the event of any changes or updates to the information in this form.

 Parent/Guardian Name (Print)

 Relation to Child

 Parent/Guardian Signature

 Date