

**St. Mary's Sunshine Center**

All About Me Form

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Emails: \_\_\_\_\_

Parent/Guardian Cell Phone Carriers: \_\_\_\_\_

This information contained herein is for CONFIDENTIAL USE ONLY.

**THINGS MY CHILD LIKES/DISLIKES:**

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**THINGS MY CHILD FEARS:**

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**THINGS I AM WORKING ON WITH MY CHILD:**

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**ANY HEALTH CONCERNS AND OR ALLERGIES YOUR CHILD MAY HAVE:**

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**DO EITHER PARENTS/GUARDIANS TRAVEL FOR WORK:**

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**WHEN DOES YOUR CHILD GO TO BED? HOW DO YOU PUT YOUR CHILD TO SLEEP?  
HOW LONG DO THEY TYPICALLY SLEEP?**

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**CHILD'S MORNING ROUTINE:**

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**WHAT ARE YOUR CHILD'S EATING HABITS?:**

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**MY CHILDS' CURRENT NAP TIME ROUTINE DURNG THE WEEK AND WEEKENDS IS AS FOLLOWS:**

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**NAMES OF SIBLINGS, GRANDPARENTS AND PETS:**

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**ANY UNIQUE FAMILY SITUATIONS THAT MIGHT AFFECT MY CHILD'S ROUTINE:**

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**DOES YOUR FAMILY HAVE ANY TRADITIONS OR CELEBRATIONS YOU WOULD LIKE TO SHARE WITH US:**

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**MY CHILD HAS DIFFICULTY WITH THESE ACTIVITES:**

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**ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT:**

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**DOES YOUR CHILD HAVE AN IEP OR IFSP THAT YOU WOULD LIKE TO SHARE?:**

**YES OR NO**

**PLEASE ATTACH A COPY**

**ADDITIONAL PARENT/GUARDIAN COMMENTS (ANYTHING YOU WANT US TO KNOW:**

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This information is intended for use by St. Mary's Sunshine Center, developed in cooperation with the parents.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Updated 1/3/2018