

GOLDEN BLOOM LEARNING & CARE

CHILD INFORMATION FORM

Where Learning Blossoms & Care Comes First

Please complete all applicable information before your child's first scheduled care session. Please notify Golden Bloom Learning & Care whenever this information changes.

CHILD PROFILE

Child's Full Legal Name: _____

Preferred Name/Nickname: _____

Date of Birth: _____ Age: _____

Home Address: _____

City/State/ZIP: _____

Primary Language(s) Spoken: _____

School/Daycare Name, if applicable: _____

CARE & COMFORT INFORMATION

Has your child been cared for by someone outside the immediate family before? ☐ Yes ☐ No

Does your child have separation concerns? ☐ Yes ☐ No

If yes, please explain: _____

Fears, sensitivities, or known triggers: _____

What typically helps comfort your child? _____

Favorite toys, activities, songs, or comfort items: _____

Sensory needs or preferences: _____

Behavioral or developmental needs relevant to care: _____

Anything else you would like Golden Bloom to know about your child? ____

INFANT & TODDLER CARE — IF APPLICABLE

Feeding Schedule: _____

Bottle/Formula/Breast Milk Instructions: _____

Food Preferences/Restrictions: _____

Nap Schedule: _____

Typical Bedtime, if applicable: _____

Diaper Size: _____

Pacifier: ☐ Yes ☐ No

Potty Training: ☐ Not Started ☐ In Progress ☐ Fully Trained

Special soothing or sleep routine: _____

Tummy-time instructions/preferences: _____

PARENT/GUARDIAN ACKNOWLEDGMENT

I confirm that the information provided on this form is accurate and complete to the best of my knowledge. I understand that I am responsible for notifying Golden Bloom Learning & Care of relevant changes.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Golden Bloom Learning & Care • Where Learning Blossoms & Care Comes First