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.

BASIC INFORMATION
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 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 usually 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 me to know about your child: _____
_____

FOR INFANTS AND TODDLERS, 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 above is accurate and complete to the best of my knowledge.

Parent/Guardian Name: _____

Signature: _____ Date: _____