

About My Child



What I would like the foster parent to know that will help my child adjust while they are temporarily away from me.

Nickname: _____

Favorite foods (breakfast/lunch/dinner/snacks): _____

Foods my child will not eat (ever!): _____

Favorite books: _____

Favorite games: _____

Favorite movies or television programs: _____

Hygiene routine: (baths, showers in the morning or before bedtime?)

How you will know when my child is happy: _____

How you will know when my child is sad: _____

Things you can do that will make my child feel special: _____

How my child feels about daycare and/or school: _____

Things I would like for you tell my child's teacher: _____

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What I would like my child's new pediatrician to know about my child: _____

Allergies my child has to food, environment, medication, etc.?

Daily routine of my child (start with what time the child normally wakes up):

Bedtime routine (include if your child gets up in the middle of the night):

Things my child is afraid of (i.e. the dark, being alone, etc.):

Safety concerns I have about my child (i.e. will dart out anywhere, is like Houdini - can escape double latches, climb fences, has fascination for):

Effective discipline that works with my child: _____

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Check all that apply:

- I would like to attend all school functions involving my child
- I would like to attend all medical appointments involving my child
- I would like to send my child cards/letters/pictures
- I would like talk to my child on the phone - these are times and numbers when I can be reached:

Miscellaneous Information:

Thank you for taking care of my child!