

All About *My Child*

Parent's Name(s): _____

Parent preferred means of contact: phone (call or text) _____ email _____

Child's Name: _____ Date of Birth: _____

Child's birthplace (hospital and city): _____

Child's doctor: _____ My child has medical conditions: Yes No

Please list: _____

My child has a medical history (surgeries, hospitalizations, injuries, etc) Yes No

Please list: _____

My child is current on his/her immunizations: Yes No

Child's grade: _____ Child's School/Day Care provider: _____

My child receives special services at school Yes (list) _____ No

My child's favorite things to do: _____

My child's favorite items: _____

I can loan it/them to the Resource Family or it can be purchased at: _____

My child can swim: Yes No Never been in the water

My child's favorite foods: _____

My child does not like to eat: _____

My child has allergies (food, medicine, detergent/soap, etc.): Yes No

Please list: _____

When my child is upset or sad, this helps him/her feel better:

When my child is crying or needs comfort, I:

My child does not like it when I:

At bedtime, my child likes to:

His/her usual bedtime:

His/her usual naptime:

My child feels _____ about animals.

The animals he/she likes are:

My child does not talk yet (or a lot) but when he/she makes this sound

it means

Our family's faith:

My child's friend's names are:

Important people I would like my child to stay in touch with and visit:

My child's favorite hobbies and extracurricular activities:

My child's favorite subject at school:

My child's least favorite subject at school:

My child's concerns about school:

What my child enjoys most about school:

People/ friends important to my child:

My biggest fear about my child coming into foster care: _____

My biggest wish for my child: _____

I hope while my child is with you (the Resource Family), he/she will: _____

I hope that you (the Resource Family) will: _____

I would like to receive: Text message updates Photos A journal about how my child is doing
Phone calls (My ideal time/date for phone calls is: _____) Other No contact
Special holidays or celebrations: _____

Please share anything else that you want me to know about your child:

For parents of teens:
My child has a boyfriend/girlfriend: Yes No
My child is sexually active: Yes No
My child has a job: Yes _____ No
My child knows how to drive: Yes No
My child uses: Cigarettes Alcohol Drugs