**Flexible Child Care Service for TU Dresden Employees**



**Child Information Sheet**

Dear parents,

With this short survey we hope to learn a little more about your child in order to make his/her time with the Flexible Child Care Service as pleasant as possible. If you have particular requests concerning the care and handling of your child, please feel free to privately contact your caretaker.

1. **Basic Information**

|  |  |  |
| --- | --- | --- |
| **Name (Last, First):** |  | **Birth date:** |
| **I go** | to a nursery  to a nanny  to school grade: | to kindergarten  to a private day care center |

1. **Health**

|  |  |  |
| --- | --- | --- |
| **What’s important for us to know?** | | |
| Allergies: | no | yes to what? |
| Regular medications: | no | yes which ones? |
| Other: |  | |

1. **Motor Skills**

|  |  |  |
| --- | --- | --- |
| **I can:** | | |
| crawl on all fours | crawl with my hands | sit up by myself |
| stand with help | stand by myself | walk with help |
| walk by myself | climb steps with help | climb steps by myself |

1. **Care/Hygiene**

|  |  |  |
| --- | --- | --- |
| **These are my daily hygiene habits:** | | |
| Diapers: | I wear diapers | I don’t wear diapers |
| Potty Training: | I go to the potty | I don’t go to the potty |
| Particularities/Other: |  | |
| I have experience with other adults: |  | |

1. **Meals**

|  |  |  |
| --- | --- | --- |
| **These are my eating and drinking habits:** | | |
| I drink: | from a bottle  from a sippy cup | with help  by myself  from a cup |
| I eat: | with help (feeding) | by myself |
| I like: |  | |
| I don’t like: |  | |

1. **Sleeping**

|  |  |  |
| --- | --- | --- |
| **These are my sleeping habits:** | | |
| Naptime/Bedtime: |  | |
| Bed time rituals: |  | |
| I sleep: | alone in my own bed | I need someone there with me |
| I need: | a stuffed animal/blanket | a pacifier |

1. **Favorite Activities**

|  |  |
| --- | --- |
| **This is my favorite:** | |
| activity: |  |
| toy: |  |
| book: |  |
| stuffed animal: |  |
| other: |  |

1. **Restrictions**

|  |  |  |
| --- | --- | --- |
| **I’m allowed to:** | | |
| have my diaper changed as needed | ja | nein |
| cut with scissors | ja | nein |
| other |  |  |

Dresden, the

|  |  |
| --- | --- |
| Legal Guardian |  |