

# Child and Family Information

Date Completed \_\_\_\_\_

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## Child Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## Language/Culture

Does your child speak/understand English? yes      no

Is there a second language spoken in the home? yes      no

(if yes, which language) \_\_\_\_\_

What special days do you celebrate in your family? \_\_\_\_\_

How do you feel about celebrations at the school that are not a part of your family's traditions?

\_\_\_\_\_  
\_\_\_\_\_

What would you like us to know or understand about your culture, beliefs or family?

\_\_\_\_\_  
\_\_\_\_\_

Would you like to participate in your child's program by reading a favorite story      reading or telling about your job or hobby      sharing a family tradition or recipe

other \_\_\_\_\_

## Physical Background

Has your child had any serious illness, operations, or accidents since birth? (If yes, please describe)

\_\_\_\_\_  
What health problems does your child have now? \_\_\_\_\_

Any diagnosed physical/emotional/psychological disabilities? yes      no      If yes, please describe:

\_\_\_\_\_  
Has your child ever had an evaluation with an outside agency? (speech, physical, psychological behavior) yes      no

If so, what agency and please attach a copy of the results to this form.

\_\_\_\_\_

## Physical background continued

Does your child take any medicine regularly? yes no

(If yes, please describe) \_\_\_\_\_

Does your child have any recurring chronic illness or health problems (such as asthma, febrile seizures, heart murmur, hay fever, kidney disease, reflux, diabetes)? yes no (If yes, please describe) \_\_\_\_\_

## Development

Do you have any concerns about your child's development? yes no

(If yes, please describe) \_\_\_\_\_

Do you anticipate testing for private school? yes no

## Separation

Has your child ever been in a day care home, center, preschool group, or other group program? yes no

If no, who cares for your child? \_\_\_\_\_

How does your child react to being left by you? \_\_\_\_\_

Are there any special routines that might make separation easier for your child? \_\_\_\_\_

## Relationships & Interests

Does your child have a special toy or comfort item (such as a blanket, stuffed animal, pacifier?) yes no

(If yes, please describe) \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

## Diapering (Our policy is to check diapers every 2 hours, or as needed)

Do you use ointment or powder? yes no

If yes, what? \_\_\_\_\_

Do you use it with every diaper change? yes only when needed

Any other information? \_\_\_\_\_

## Sleeping

Does he/she sleep in their own room? yes no

Crib or bed? crib bed

How do you put your child to sleep? rock pat other \_\_\_\_\_

Does your child cry when tired? yes no

Does your child cry when waking? yes no

Does your child have a special blanket or toy for napping?

(If yes, please describe) \_\_\_\_\_

Is your child able to tend to their own toileting/dressing needs? \_\_\_\_\_

Has your child a dominant hand preference? \_\_\_\_\_

Who lives at home with your child? \_\_\_\_\_

Are there any comments you have concerning your child?

\_\_\_\_\_  
\_\_\_\_\_

Parent Profession/Hobbies \_\_\_\_\_

Parent Profession/Hobbies \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The content of this form will remain confidential, but is immediately available to teachers and administrators who will use the information to better plan for your child. It is also available to parents or legal guardians, as well as regulatory authorities.