ALL ABOUT MY CHILD

Child's name: _____ **Date of Birth:** _____ **Class:** _____

FAMILY BACKGROUND:

Parents/Caregivers' names: _____

_____

Other members of the household (include ages for siblings) Please write Name—Relationship

_____

Other significant people in child's life (e.g grandparents who care for child):

_____

Primary language spoken at home: _____

Other languages spoken at home: _____

List holidays celebrated at home: _____

HEALTH HISTORY

Does your child have a history of the following? Check any that apply.

☐Frequent colds ☐Stomachaches ☐Headaches ☐Seizures ☐Ear Infections

☐Nosebleeds ☐Asthma ☐Food Allergies ☐Seasonal Allergies

Note: If your child has a history of allergies and/or asthma, you will need to complete an additional Action Plan and Medication Authorization Form

Does your child have any eating problems? _____

Does your child have any dietary restrictions? _____

Anything else we should know about your child's current health or health history?

_____

DEVELOPMENTAL HISTORY

Has your child had group child care experiences before? ☐Yes ☐No

If yes, please describe: _____

Do you have any concerns about your child's:

☐Physical Development ☐Social Development ☐General Development

☐Speech ☐Hearing

If yes, please explain: _____

_____

Child's strengths: _____

_____

_____

Child's likes and dislikes, special interest/activities: _____

_____

_____

_____

My child has difficulty/may need help with these activities: _____

_____

_____

My child is afraid of: _____

_____

My child gets frustrated when: _____

_____

When my child gets upset, she/he: _____

_____

Things I am working on with my child: _____

_____

Rewards/consequences used at home for behavior: _____

_____

What goals do you have for your child in school this year?

_____

_____

What expectations do you have for your child's teachers?

_____

_____

Anything else we should know about your child to help him/her have a successful year?

_____

Parent Signature: _____ **Date:** _____