

Child and Family Information

Date Completed _____

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 culture __ sharing a family 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: _____

Physical background continued

Has your child ever had an evaluation with an outside agency? (speech, physical, psychological behavior) If so, what agency and please attach a copy of the results to this form. _____

Any allergies:

Food yes no (if yes, please describe)_____
(reaction)_____

Medication yes no (if yes, please describe)_____
(reaction)_____

Other yes no (if yes, please describe)_____
(reaction)_____

Do we have your permission to post your child's name at school regarding allergies? yes no

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? _____

Separation continued

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?_____

Does child live with both parents?_____ Mother_____ Father_____

Are there any comments you have concerning your child?_____

Mother's Profession/Hobbies_____

Father's 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.