

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:** _____