

Child and Family History

Child's Name: _____ Birth Date: _____

Expected drop-off time: _____ pick-up time: _____

FAMILY AND SOCIAL INFORMATION

Adult family members residing in child's primary household: _____

Siblings: (names and ages) _____

Has your family recently moved to a new home or had any other major change in your child's life? _____

Has your child had previous childcare experience? Yes _____ No _____

If not, do you feel that your child will adjust easily to the childcare experience? _____

If yes, where was your child previously enrolled? _____

In your opinion, was your child's previous childcare experience a positive one for both your child and you? Yes _____ No _____

If "no", what made this experience a negative one? _____

EMOTIONAL HISTORY

Please circle the words that best describe your child:

Confident Insecure Anxious Responsible Shy Fearful

Leader Follower Cooperative Loving

In what types of situations do you believe that your child will need the most help from us?

Describe your child's reaction to previous experiences with separation from you: _____

Describe your child's reactions to new people/situations: _____

Are you aware if any fears or anxieties that your child has? _____

What does your child find to be comforting? _____

In general, describe your child's typical behaviors when interacting/playing with other children: _____

Please describe (if any) what you consider to be difficult behaviors demonstrated by your child: _____

What type of action works best for your child in preventing or dealing with these behaviors: _____

Who does most of the disciplining in your child's life? _____

What form of discipline/guidance works best for your child? _____

Does your child have a transitional object (pacifier, stuffed toy, blanket) or a regular bedtime ritual of which we should be aware? _____

Does your child have a favorite toy or activity? _____

HEALTH INFORMATION

Does your child have any speech or hearing delays? _____

Does your child have any identified delays in physical or social development? _____

Does your child have any eating problems we should be aware of? _____

Does your child have any restrictions or limitations to participation in our program? _____

TODDLER SPECIFIC INFORMATION

Please complete for your 18 month –3 year old child

Does your child drink well from a “sippy” cup? _____

Does your child eat independently from a spoon? _____

Has your child mastered the potty-training process? _____

Is your child prone to diaper rash? _____

PRE-SCHOOL SPECIFIC INFORMATION

Please complete for your 3-5 year old child

Place a check mark in the column that best describes your individual child. This will provide the staff with one way of getting to know your child. We also understand that young children are constantly changing and developing.

	Most of the time	Occasionally	Rarely	Comments
Plays and share cooperatively with others.				
Plays alone happily.				
Follows directions.				
Stays focused and completes tasks.				
Demonstrates ability to lead.				
Demonstrates ability to follow.				
Empathetic of peers.				
Moves easily from one activity to another.				
Demonstrates willingness to try new activities.				
Expresses ideas well.				
Respects rules and routines.				