

## Child and Family History

*Please complete and return this form prior to your child's first day. This information, which is strictly confidential, helps us work in partnership with you for the benefit of your child, and enables us to be supportive and understanding as your child adjusts to our program. Thank you for the time and effort this form requires.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Home Phone \_\_\_\_\_ Home email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Family Information

#### Parent/Guardian

#### Parent/Guardian

Name \_\_\_\_\_

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

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

e-mail(if different from above) \_\_\_\_\_

Home Address(if different from above) \_\_\_\_\_

**If parents reside in separate homes, do you want mailings to be sent to both homes? Yes \_\_\_ No \_\_\_ (if no, which parent receives mailings? \_\_\_\_\_)**

#### Other Members of Household

Name	Relationship	Birth Date	School & Grade
_____	_____	_____	_____
_____	_____	_____	_____

Are all children the biological child(ren) of both parents? \_\_\_\_\_ If not, please describe relationships \_\_\_\_\_

If child was adopted, at what age? What does he/she know about his/her adoption? \_\_\_\_\_

Parent's marital status:  
Married \_\_\_\_\_ Partnered \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

If parents are not living together, who has legal custody of the child and what is the visitation schedule in place with the non-custodial parent?

---

---

Does either parent travel for business? \_\_\_\_\_ How often? \_\_\_\_\_

Does anyone in your household have special needs ( i.e. medical, learning, other?)

---

---

Are there any family situations that we should know about? (i.e. moves, illness, recent or impending death of family member or pets, other?) Please note that it is important for us to be aware of these sorts of things. Please keep us informed during the year of this sort of situation.

---

---

### **Parenting**

Describe your child's eating habits and schedule.

---

---

What foods does your child like? \_\_\_\_\_  
Dislike? \_\_\_\_\_

Describe your child's sleeping/nap schedule and routine.

---

---

---

Does your child share a sleeping space or bed with anyone? If so, with whom?

---

---

How does your child relax or soothe him/herself?

---

---

Are there specific situations in which your child becomes afraid, angry, withdrawn, overly stimulated, etc?

---

---

How does your child say goodbye to you? How have you helped your child separate from you in previous situations?

---

---

What strategies do you use to discipline your child at home?

---

---

Is your child toilet trained? \_\_\_\_\_ At what age? \_\_\_\_\_ How did you handle toilet training? \_\_\_\_\_

---

---

What words does your child use for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

How many hours a day does your child watch TV? \_\_\_\_\_

Does he/she sit very close to the TV? Y\_\_N\_\_ Does he/she turn up the volume? Y\_\_N\_\_

---

---

**Personal Information on Child**

Whom does your child play with at home?

---

---

Does your child play with other children outside of school? \_\_\_\_\_ If so, what are their ages and what activities do they engage in?

---

---

Describe the type of play your child prefers (solitary, with one other child, in groups, active or passive, etc). What are some of your child's favorite activities?

---

---

Can your child feed him/herself using a spoon/fork? Y\_\_N\_\_

Wash & dry own hands? Y\_\_N\_\_

Dress him/herself independently? Y\_\_N\_\_ with little assistance Y\_\_N\_\_

Stay with a babysitter? Y\_\_N\_\_

Speak so that he/she can be understood by others? Y\_\_N\_\_

Express thoughts & needs easily? Y\_\_N\_\_

Is your child highly active? Y\_\_N\_\_ or very quiet? Y\_\_N\_\_

What do you find the most endearing about your child?

---

---

What do you find the most challenging about your child?

---

---

What is your child's late day and evening routine?

---

---

What is your child's morning routine?

---

---

**Health**

Is your child ill frequently? \_\_\_\_ If so, explain

---

---

Does your child have allergies? \_\_\_\_ Explain (if yes, you will need to complete the medical consent form if special medication or treatment is required).

---

---

Does your child take any medication on a regular basis? \_\_\_\_ (if yes, you will need to complete the medical consent form).

---

---

Describe any illness, operations, accidents, or hospital stays your child may have had.

---

---

What was your child's birth weight? \_\_\_\_\_ Was pregnancy full-term? \_\_\_\_\_ If not, how many weeks? \_\_\_\_\_

Please describe any special factors concerning the pregnancy and delivery.

---

---

At the time of birth, did the baby – have seizures? Y\_\_\_N\_\_\_ turn blue? Y\_\_\_N\_\_\_

Are there any health factors about which you are concerned? .

Eyes: Has your child ever had trouble seeing? Y\_\_\_N\_\_\_

Does your child hold books & objects close to his/her face? Y\_\_\_N\_\_\_

Have you ever suspected you're your child has vision problems? Y\_\_\_N\_\_\_

Ears: Has your child had frequent ear infections? Y\_\_\_N\_\_\_

Has your child ever had trouble hearing? Y\_\_\_N\_\_\_

Have you ever suspected that your child has hearing problems? Y\_\_\_N\_\_\_

Coordination: Has your child ever had trouble walking, climbing, reaching, holding onto things?

Y\_\_\_N\_\_\_

Are there any diagnosed developmental issues or delays? Has or is your child receiving any outside services or therapies?

---

---

Are there any other health factors about which we should be informed?

---

---

### **Family Culture**

What is your ethnic/cultural/racial background? \_\_\_\_\_

If your child is bi-racial, how do you describe him/her? i.e.: bi-racial, mixed race, African American & White, etc. \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_ With your extended family? \_\_\_\_\_

If English is not your native language, how comfortable are you speaking and reading English? \_\_\_\_\_

Does your family have a church affiliation or religious background?

---

Do you have cultural traditions you would like to share with your child's class?

---

Has your child had previous experience with play groups, nursery school, day care, or Sunday school?

---

### **Additional Information**

What would you hope to see happen for your child this year?

---

---

---

---

**Parent's Signature**

**Date**

**Please use back of sheet if there is additional information that you feel we should know to work with you and your child.**