

Child and Family History Update

Please complete and return this form prior to your child's return. 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 readjusts to school. Thank you for the time and effort this form requires.

Child's Name _____ Date of Birth _____

Gender _____ HomePhone _____ 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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any family situations that have occurred in the past year (or since your child began attending Total Child), i.e. parent's work schedules, moves, death or illness in the family, amount of traveling, etc.

Health

Have any changes or on-going issues taken place in your child's health? Please describe.

Personal Information on Child

Describe any changes in eating, sleeping, type of play, or toileting habits for your child.

Describe any changes in your child's behavior?

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

Describe any programs or activities your family/child have participated in lately?

Describe your child's usual late day/night routine.

Additional Information

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

Is there any other information that might be helpful in working with you and your family?

Parent's Signature _____

Date _____