



Child & Family Information

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful.

Child's Name: _____

Age: _____ Birthday: _____

Who lives at home with your child?

What is the primary language spoken in the home? _____

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc?

Are there any changes or transitions that your child has recently experienced or is experiencing?

Are there any cultural or religious practices of your family of which we should be aware? (dietary restrictions, etc)

Do you have any pets at home? If so, what are they are what are their names?

Has your child had a previous care arrangement? (center based, home based etc? _____

Are there any foods your child should not be fed? (Child Care Licensing requires a form be completed for children with food allergies and/or dietary restrictions)

Please circle **all** of the words that best describe your child:

active adventurous affectionate anxious bossy calm
cautious cheerful easily-angered emotional excitable friendly
gives-in-easily happy hesitant insecure jealous

other: _____

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? _____

What routines/actions or items do you use to comfort your child?

Does your child use any special comfort or support items that help them go to sleep? If so, what? _____

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken) _____

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used. _____

What is your child's typical routine? _____

If your child is an infant, what is his/her feeding and sleeping schedule?

What time does your child normally go to bed at night and wake up in the morning? _____

What time(s) and for how long does your child usually nap? _____

What might you and/or your child be anxious and/or excited about as he/she starts in this program?

Do you have any concerns about any aspect of your child's development?

Parent/Guardian Signature

Date