

Getting To Know Your Child

ABOUT OUR CHILD:

Name: _____

First

Middle

Last

Nickname: _____ Age: _____ Birth date: _____

HEALTH:

Does your child have any allergies? _____ If so, what allergies? _____

How should we respond if he/she has an allergic reaction? _____

Does your child have an existing illness? _____ If so, please explain. _____

Has your child had a previous serious illness or injury, or hospitalization during the past 12 months? _____

Is your child taking any medication? _____ If so, how is the medication administered, and will it need to be administered while he/she is in care? _____

Is the medication prescribed for continuous use? _____

Are there any medication side effects we should be alerted to? _____

TOILETING:

If your child is not potty-trained, are they currently potty-training? _____

Does your child need help with toileting? _____ If so, how can we best help? _____

HABITS/ROUTINES:

Does your child sleep through the night? _____

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

Does your child nap? _____ How long is their nap normally? _____

Are there any routines that are particularly helpful at naptime? _____

How many hours of TV does your child watch daily? _____

Favorite shows: _____

Activities you do with your child: _____

Child's favorite activities when playing with other children: _____

Child's favorite activities when playing alone: _____

EATING PREFERENCES:

Describe your child's appetite: _____

Child's favorite foods are: _____

Foods your child dislikes: _____

Does your child have any food allergies? _____ Please list: _____

BEHAVIOR/DEVELOPMENT:

Does your child have any special fears? _____

How does your child communicate their needs? _____

Does your child have any special needs? _____

Has your child ever had any diagnostic testing for a behavior, learning difficulty or developmental delay? _____

Describe your child's interactions with other children in a play setting: _____

Please list past child-care arrangements and your child's reaction and adjustment to the setting:

Has your child ever been dismissed/expelled from another childcare center? If so, please explain: _____

When our child does not do what we want him/her to do, we usually: _____

When our child does not get his/her way, he/she will (circle all that apply):

Cry Pout Withdraw Throw a tantrum
Hit something/someone Talk about it Other: _____

When your child gets upset, what helps calm them down? _____

Why do you want your child in a child-care setting at this time? _____

How does your child customarily react when separating from you? _____

ABOUT OUR FAMILY:

	Mom	Dad	Stepparent/Other
Name:	_____	_____	_____
Occupation:	_____	_____	_____
Employer:	_____	_____	_____

Child's Brother's or Sister's Names (living with child): _____
Ages: _____

Brothers or Sisters not living with child: _____
Ages: _____

What relatives live close by? _____

Three wishes I have for my child are: 1. _____
2. _____ 3. _____

In what particular way can we help guide your child this year? _____

Please list traditions important to your family: _____

Why did you choose our center? _____

Please circle responses:

Yes/no There has been a divorce in our family. My child has contact with the non-custodial parent _____ times per month.

Yes/no There are restrictions with the non-custodial parent of which the school should be aware of. Please explain: _____

Yes/no We have moved since our child was born. List places: _____

Yes /no Our family includes a pet. Type & name of pet: _____

Yes/no We would be willing to share our hobby/talent/career with the class. Please list:

Mom: _____ Dad: _____

Grandparent: _____ Other: _____

Yes/no We are interested in volunteering for special events at the CLC. (Circle)

Class parties Field trips Picture Day

Christmas/End of year programs

Yes/no I have a special skill/talent/career that I would like to use to help the CLC in some way (crafting, sewing, constructing, etc.): _____

Yes/no Our family speaks English at home. List other languages spoken: _____

Yes/no We are members of a church or attend church regularly. If yes, what church do you attend? _____

Yes/no We would like to receive information on First Baptist Church.

Parent/Guardian Signature: _____ Date: _____