



Start Date: _____
Birth Date: _____

Child's Name: _____
First Middle Last

Does your child have a nickname he/she would prefer to use? _____
Sibling's names and ages: _____

Please list other members of the household: _____

Are there other adults that care for your child? _____

Please help us get to know your child by completing the following information. All information is kept confidential and shared only with the classroom teachers.

Health History: Does your child have:

Any known allergies (food, environmental, medication)? _____

Any medications taken regularly? _____

Have any physical disabilities? _____

Have there been any serious illnesses or hospitalizations? _____

Receive assistance from Child Find or received assistance in the past from Birth to Three? _____

If so, does your child have an IEP? _____

Please note if your child does have an IEP, that information must be shared with the classroom teacher so that we can work together to help your child succeed.

Family:

What language(s) are spoken at home? _____

What language(s) does your child speak? _____

What holidays are celebrated in the home? _____

What are some of your child's favorite activities? _____

How does your child handle anger and frustration? _____

What steps do you take when your child is angry/frustrated/not listening? _____

Does your child wander away or hide while in public places? _____

Does your child indicate when he/she needs to use the bathroom? _____

Does your child have frequent toilet accidents? _____

Does your child wipe himself/herself after a bowel movement? _____

Does your child need assistance with clothing when using the bathroom? _____

Is your child able to dress self (put on and remove basic clothing and outerwear)? _____

Does your child nap? (Please circle) Daily 2-3x week Rarely

What is your child's night sleep schedule? _____

Personal/Social Relationships:

Has your child had any previous school or play experience? _____ If yes, where and for how long? _____

Was this a good experience for your child? _____

Generally, how does your child adjust to new experiences? _____

Who does your child seem to enjoy spending time with when given a choice, children or adults? _____

What would you like your child to gain from this experience? _____

What do you feel are your child's assets/qualities? _____

In what areas of your child's development do you feel he/she needs encouragement? _____

Is there any further information you would like to share about your child? _____

Families are encouraged to become involved in Center activities. Please check any areas in which you would like to enrich the lives of the children in your child's program. This is strictly volunteer and would be according to your schedule. We really appreciate any help you can give us!

- _____ Volunteering to read a story or help with an art project
- _____ Giving time as a family to work in the garden area
- _____ Helping with fundraising
- _____ Sharing a special talent
- _____ Sharing information about your job
- _____ Copying surveys/manuals/information etc.
- _____ Making dinner for staff for their monthly night staff meetings
- _____ Doing a cooking project in the classroom
- _____ Being a classroom representative
- _____ Joining the Board of Directors
- _____ Anywhere needed
- _____ Other Suggestions

To help us determine other ways that you could be involved, please answer the following:

Parent's/Guardian's Job Title(s)

Parent or Guardian (Please Print)

Date