



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: \_\_\_\_\_

Please list any other members of your 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 or had in the past:**

Any known allergies (food, environmental, medication)? \_\_\_\_\_

Any medications taken regularly? \_\_\_\_\_

Have any physical disabilities? \_\_\_\_\_

Have there been any serious illnesses or hospitalizations? \_\_\_\_\_

Was your child full-term? \_\_\_\_\_

Receive assistance or has received assistance in the past from Birth to Three? \_\_\_\_\_

**Family/Personal:**

What language(s) are spoken at home? \_\_\_\_\_

What language(s) is your child speaking or will be learning to speak? \_\_\_\_\_

What holidays are celebrated in the home? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ (or) in the process of toilet training? \_\_\_\_\_

What is your child's night sleep schedule? \_\_\_\_\_

What is your child's nap schedule? \_\_\_\_\_

Does your child feed himself/herself? \_\_\_\_\_ use utensils? \_\_\_\_\_

What are some of your child's favorite activities? \_\_\_\_\_

**Social Relationships:**

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

Was this a good experience for your child? \_\_\_\_\_

Does your child seem to enjoy being with other children? \_\_\_\_\_ Adults? \_\_\_\_\_

Generally, how does your child adjust to new experiences/people? \_\_\_\_\_

What would you like your child to gain from this experience? 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 or ways we can help you and your child adjust to this new experience? \_\_\_\_\_

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)

\_\_\_\_\_  
\_\_\_\_\_