

## ABOUT YOUR CHILD

### STUDENT INFORMATION

**Child** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Has your child ever attended a child care program? [ ☐ ] YES [ ☐ ] NO

What type of care has your child previously had? (Child Care Center, Home Care, Family, etc.) \_\_\_\_\_

Was it a positive experience? [ ☐ ] YES [ ☐ ] NO

If no, explain why? \_\_\_\_\_

Are there any recent traumatic situations your child has been exposed to such as a death in the family, parent divorce, new siblings etc.? \_\_\_\_\_

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

What is your normal method of discipline for your child at home? \_\_\_\_\_

Does your child have any sibling(s)? [ ☐ ] YES [ ☐ ] NO if yes, brother(s)? \_\_\_\_\_ sister(s)? \_\_\_\_\_

What is your child's temperament? (Friendly, easy going, hard to please, aggressive, demanding etc.) \_\_\_\_\_

Does your child have any food restrictions? [ ☐ ] YES [ ☐ ] NO

If yes, explain \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Does your child still use diapers? [ ☐ ] YES [ ☐ ] NO

Does your child consistently use the toilet when needed? [ ☐ ] YES [ ☐ ] NO

If yes, what words does your child use for urination and stool? \_\_\_\_\_

What time does your child wake up in the morning and sleep at night? Morning \_\_\_\_\_ Night \_\_\_\_\_

Does your child sleep through the night? [ ☐ ] YES [ ☐ ] NO if no, how often does your child awake at night? \_\_\_\_\_

What time does your child take a nap? \_\_\_\_\_

Does your child sleep in a bed, crib, or other? \_\_\_\_\_

Does your child have any security object such as a blanket, soother, bottle, toy, etc? [ ☐ ] YES [ ☐ ] NO

If yes, what object(s)? \_\_\_\_\_

Does your child have any pets at home? [ ☐ ] YES [ ☐ ] NO

If yes, what type of pet(s) and name? \_\_\_\_\_

What is your child's favorite activities? (art, reading, games, etc.) \_\_\_\_\_

Does your child have any extracurricular activities? [ ☐ ] YES [ ☐ ] NO

If yes, what? (dance, sports, clubs etc.) \_\_\_\_\_

Does your child have any special conditions, disabilities, allergies, medical, or other information that you would like to inform us about? \_\_\_\_\_

\_\_\_\_\_

Do you have any specific concerns for your child?

\_\_\_\_\_