

Little Lambs Early Childhood Center

All About My Child Form

This information is for confidential use of the teachers who will be working with your child.

Child's Name _____ Date of Birth _____

Name Called _____ Male _____ Female _____

Address _____ Home Phone _____

Mother's Name _____ Occupation _____

Cell Phone # _____ Travel? ___yes ___no If yes, how often? _____

Dad's Name _____ Occupation _____

Cell Phone # _____ Travel? ___yes ___no If yes, how often? _____

Parent Information

Married? _____ Widowed (how long)? _____ Separated (how long)? _____

Divorced (how long)? _____ Stepfather (name & how long)? _____

Stepmother (name & how long)? _____ If divorced or separated, do you have sole or shared custody? _____

Family Life

Sibling Name _____ DOB _____ M or F

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Other family members/child care givers that live in your home: _____

If parents are away during the day, please state arrangements for child's care when he/she is not at school: _____

Family's religious preference (optional) _____

Family pets & names _____

Family experiences that have influenced your family and child (for example, a recent move or death of someone) _____

What language is spoken at home? _____

Developmental History of Your Child

Approximate age at which your child: crawled _____ sat alone _____

walked _____ repeated short sentences _____ slept through the night _____

When did your child begin toilet training? _____ Completed toilet training? _____

What words does your child use for toileting? _____
Does your child show a preference for the right or left hand? Right _____ Left _____ Not Yet _____
Does your child have any special developmental needs? _____
Does your child receive any services (for example, speech)? _____
Comments _____

Behavioral Habits

Does your child have any specific allergies? _____ If yes, will the allergy affect the snacks we serve or classroom set-up? _____
If yes, does your child need to have an epi-pen at school? _____
Does your child follow a day to day routine? _____
How does your child react to changes in a daily routine? _____
What time does your child go to bed at night? _____ Awaken? _____
Does your child nap? _____ If yes, when and how long? _____
2's Parents only: How does your child fall asleep? _____
Do they have a special a special toy/blanket or pacifier? _____
Does your child have any special fears? _____
How does your child express frustration or anger? _____

Play Experiences

Has your child had experience in a play group? Yes or No
Has your child had experience in a day care setting? Yes or No
Is this your child's first year at Little Lambs? Yes or No
Has your child gone to another preschool? Yes or No
Does your child enjoy playing alone? Yes or No
What are your child's favorite indoor play activities? _____
Does your child have a special interests or skills? _____
Is your child involved in other group classes or activities (for example, dance, soccer)? _____
How would you describe your child's personality? _____
Is there anything else we need to know about your child? _____

Parent Signature _____ Date _____