



FUMC Day School

Child and Family Information

Date Completed _____

Child Information

Name _____

Date of Birth _____ Age _____

Language/Culture

Does your child speak/understand English? yes no

Is there a second language spoken in the home? yes no

(if yes, which language) _____

What special days do you celebrate in your family? _____

How do you feel about celebrations at the school that are not a part of your family's traditions?

What would you like us to know or understand about your culture, beliefs or family?

Would you like to participate in your child's program by reading a favorite story reading or telling about your job or hobby sharing a family tradition or recipe

other _____

Physical Background

Has your child had any serious illness, operations, or accidents since birth? (If yes, please describe)

What health problems does your child have now? _____

Any diagnosed physical/emotional/psychological disabilities? yes no If yes, please describe:

Has your child ever had an evaluation with an outside agency? (speech, physical, psychological behavior) yes no
If so, what agency and please attach a copy of the results to this form.

Physical background continued

Does your child take any medicine regularly? yes no

(If yes, please describe) _____

Does your child have any recurring chronic illness or health problems (such as asthma, febrile seizures, heart murmur, hay fever, kidney disease, reflux, diabetes)? yes no (If yes, please describe) _____

Development

Do you have any concerns about your child's development? yes no

(If yes, please describe) _____

Do you anticipate testing for private school? yes no

Separation

Has your child ever been in a day care home, center, preschool group, or other group program? yes no

If no, who cares for your child? _____

How does your child react to being left by you? _____

Are there any special routines that might make separation easier for your child? _____

Relationships & Interests

Does your child have a special toy or comfort item (such as a blanket, stuffed animal, pacifier?) yes no

(If yes, please describe) _____

How do you comfort your child? _____

Diapering (Our policy is to check diapers every 2 hours, or as needed)

Do you use ointment or powder? yes no

If yes, what? _____

Do you use it with every diaper change? yes only when needed

Any other information? _____

Sleeping

Does he/she sleep in their own room? yes no

Crib or bed? crib bed

How do you put your child to sleep? rock pat other _____

Does your child cry when tired? yes no

Does your child cry when waking? yes no

Does your child have a special blanket or toy for napping?

(If yes, please describe) _____

Is your child able to tend to their own toileting/dressing needs? _____

Has your child a dominant hand preference? _____

Who lives at home with your child? _____

Are there any comments you have concerning your child?

Parent Profession/Hobbies _____

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Parent signature: _____ Date: _____

NOTE: The content of this form will remain confidential, but is immediately available to teachers and administrators who will use the information to better plan for your child. It is also available to parents or legal guardians, as well as regulatory authorities.