St. Peter's Child Development Center

Child/Family/Health/Personal History

The purpose in securing this information about your child is to help the child care provider better understand your child and to help you know what to expect from the child care program. Your child's care during the day is a responsibility we share. All information is kept confidential and requires your written permission if it is to be shared. Please use the back side of the form if you wish to elaborate more on a question. Some questions may not be applicable to your child at this time—please leave such questions blank.

Family and Social History – Infant to One Year of Age

Child's Full Name		Nickname		
Address				
Date of Birth	Place of Birth		Home P	hone
Present dwelling: \Box house \Box duplex \Box apartment \Box mobile home \Box other type (list):				
Mother/Guardian Work Phone		Father/Guardian Work Phone		
Has the child moved frequently? Yes No				
Child Lives with: Mother Father Guardian				
Is the child adopted?				
Marital Status of Parent(s)/Guardian(s): Married Separated Divorced Single Parent				
□ Widowed If divorced, separated, or widowed, for how long?				
Mother's Name		Age	Educatio	n
Father's Name		Age	Educatio	n
Guardian's Name		Age	Educatio	n

Please provide details of any custody or visitation agreements. Please provide a copy of any court order dealing with custody and/or a copy of any restraining orders.

Please provide names and ages of siblings or other children in the household

Please provide names, relation to child, and ages of other adults in the household

How long have you lived in this city?

Do you speak a language at home other than English?

Are there any special words that would help us communicate with your child?