St. Peter's Child Development Center

Child/Family 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 – One Year Old – Four Year Old

Child's Full Name		Nickname
Address		
Date of Birth	Place of Birth	Home Phone
Present dwelling: ❒ house ❒ duplex ❒ apartment ❒ mobile home ❒ other type (list):		
Mother/Guardian Work Phone	Father/Guardian Work Phone	
Has the child moved frequently? ❒ Yes ❒ No		
Child Lives with: ❒ Mother ❒ Father ❒ Both Parents ❒ Guardian		
Is the child adopted? ❒ Yes ❒ No If yes, at what age?		Does the child know? ❒ Yes ❒ No
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	Education
Father's Name	Age	Education
Guardian's Name	Age	Education
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?

Personal History

Age the child began: Sitting _____ Crawling _____ Walking _____	
Is the child a good climber? ❒ Yes ❒ No	Does the child fall easily? ❒ Yes ❒ No
Age the child began talking	
Does the child speak in words or sentences?	
Does the child speak a language other than English? ❒ Yes ❒ No	If yes, what other language(s)?
Does the child use any special words to describe his/her needs? ❒ Yes ❒ No	If yes, please describe:

Sleeping

What time does child go to bed? Awaken?
Is the child able to get to sleep by him/herself? ❒ Yes ❒ No
Does the child have a room to him/herself at home? ❒ Yes ❒ No
Does the child sleep in his/her own bed? ❒ Yes ❒ No

Does the child walk, talk, or cry out at night? ❒ Yes ❒ No If yes, circle those that apply.	
Does the child take anything special to bed with him/her? ❒ Yes ❒ No	If yes, what item(s)?
What is the child's mood on awakening?	
Does the child take naps?	If so, at what time and for how long?

Social Relationships

Has the child had experiences playing with other children? ❒ Yes ❒ No
By nature, is the child: ❒ friendly ❒ assertive ❒ shy ❒ withdrawn ❒ other:
How does the child get along with siblings?
How does the child get along with adults?
With what age child does the child prefer to play?
Will the child know any other children at this child care facility? ❒ Yes ❒ No
Do you feel the child will adjust easily to the child care situation? ❒ Yes ❒ No If no, please explain:
What makes the child angry or upset?
How does the child show his/her feelings?
What method of behavior guidance is used in your home?

What is the child's usual reaction to this method?

Who does most of the disciplining in your household?

Is the child frightened by any of the following: ❒ animals ❒ tall people ❒ rough children ❒ loud noises ❒ dark ❒ storms ❒ other:

Favorite toys and activities at home

Does the child like to be read to? ❒ Yes ❒ No Does the child like to listen to music? ❒ Yes ❒ No

Does the child prefer to play indoors or outdoors? ❒ Indoors ❒ Outdoors ❒ No preference

Has the child had experience with: ❒ clay ❒ scissors ❒ easel painting ❒ fingerpainting ❒ blocks ❒ water play

Does your child have any habits (nail biting, thumb sucking, etc.) or other issues that we should be aware of? ❒ Yes ❒ No

If yes, please explain:

_____

_____

_____

Health History of Child

What past illnesses has the child had and at what age?

❒ Chicken Pox
❒ Scarlet Fever
❒ Diabetes
❒ Malaria
❒ Measles
❒ Hepatitis A
❒ Hepatitis B
❒ Mumps
❒ Nurse Maid Elbow
❒ Other

Does the child have frequent

❒ colds ❒ tonsillitis ❒ earaches/ear infections ❒ stomachaches ❒ other:

Does the child vomit easily? ❒ Yes ❒ No

Does the child often run high fevers? ❒ Yes ❒ No

Has your child had any serious accidents? ❒ Yes ❒ No

If yes, please describe:

Is the child allergic to anything? ❒ Yes ❒ No

If yes, please describe:

How does the allergy usually manifest itself?

❒ Asthma ❒ Hay Fever ❒ Hives ❒ Other:

Has the child ever been hospitalized? ❒ Yes ❒ No If yes, please describe:
Has the child ever been to a dentist? ❒ Yes ❒ No

Has the child had his/her vision tested? ❒ Yes ❒ No	Hearing? ❒ Yes ❒ No

Does your child have any health-related needs you would like us to be aware of? ❒ Yes ❒ No If yes, please describe: Has your child ever been recommended for early intervention? If so, where and what for: (if so, you MUST provide us with your child's IEP.
Please give a statement of your evaluation of your child's overall health.

Eating

Is the child usually hungry at mealtime? ❒ Yes ❒ No	Between meals? ❒ Yes ❒ No
What are the child's favorite foods?	

What foods does the child dislike?
Does the child have any eating issues that you feel we should know about? ❒ Yes ❒ No If yes, please describe:
Does child eat with a: ❒ spoon ❒ fork ❒ hands
Is child left- or right-handed? ❒ left ❒ right ❒ don't know yet
What time does your child usually eat breakfast? lunch? dinner?
Is your family vegetarian or vegan? ❒ Yes ❒ No If yes, please explain any dietary restrictions for the child:
Please note any other dietary restrictions: Food Allergies, etc.

Toilet Habits

Can the child be relied on to indicate his/her toileting wishes? ❒ Yes ❒ No	
What word is used for urination?	For bowel movements?
Does the child need to use the toilet more frequently than usual for his/her age? ❒ Yes ❒ No If yes, please explain:	
Is the child frightened of the bathroom? ❒ Yes ❒ No	
Does the child have toileting accidents? ❒ Yes ❒ No	
How does the child react to toileting accidents?	

Does child need help with toileting? ❒ Yes ❒ No

If yes, please describe:

Was the child easy or difficult to toilet train? ❒ Easy ❒ Difficult

Does the child wet his/her bed at night? ❒ Yes ❒ No

If yes, how often?

Briefly describe your child (physical appearance, personality, abilities, etc.)

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What are your expectations for your child at child care? In what particular ways can we help your child?

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