

FAMILY INFORMATION

Child's First Name	Child's Last Name	Child's Nickname (If Any)
<i>By providing information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff who care for your child.</i>		
Who is in the child's family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing (i.e. moved from crib to bed, parents' divorce or separation, new home, death of family member or pet, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Details?		
List any cultural or religious practices of your family of which we should be aware.		
List your religious affiliation and name of church you attend, if any.		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement (i.e. child care center, in-home provider, family member, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Details?		
What are your child's favorite foods, if any?		
What foods does your child dislike, if any?		
List any foods your child should not be fed. (Child Care Licensing requires a form be completed for children with food allergies and/or dietary restrictions.)		
Please circle all of the words that best describe your child's personality and behavior. active, adventurous, affectionate, anxious, bossy, bright, busy, calm, cautious, cheerful, content, creative, curious, easily angered, emotional, energetic, excitable, friendly, gives in easily, happy, hesitant, insecure, jealous, likes structure/routines, loud, loving, mellow, outgoing, prefers adult attention, quiet, sensitive, serious, shares well, social, spontaneous, stubborn, tentative, other:		
List any additional personality and/or behavior characteristics that would be useful to know about your child.		
Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?		
What routines/actions or items do you use to comfort your child?		

What causes your child to feel angry or frustrated?	
What methods do you use to respond to your child's negative behavior?	
Does your child use any special comfort or support items to help get to sleep? If so, what items?	
Typically, what is your child's mood upon waking (i.e. happy, grouchy, clingy, slow to awaken, etc.)?	
Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.	
Does your child need assistance when using the toilet? If so, how?	
What words, gestures, or signs does your child use if he/she needs to use the bathroom?	
What time does your child normally go to bed at night and wake up in the morning?	
What time(s) and for how long does your child usually nap?	
Does your child have trouble sleeping (i.e. night terrors, difficulty going to sleep, etc.)? If so, please explain.	
What might you and/or your child be anxious about as he/she starts in this program?	
What are you and/or your child excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your child to know?	
Parent's/Guardian's Signature	Date