

Children's Center

FAMILY HISTORY

Child's Name _____ Date of Birth _____ Sex ___ Present Age _____
Nickname(s) child responds to _____
Today's Date: _____

1. Reason for choosing day care for your child:

Describe any previous child care/school experience has.

2. Family relationships:

- a. Who are the adults living at home and relationship to the enrolled child?

- b. Who are the children living in the home and their relationship to the enrolled child?

- c. How does your child relate with his/her siblings?

- d. How does your child relate with other people living in the home (not parents or siblings)?

3. Is another language other than English spoken in the home?

Yes _____ No _____

If yes, what language? _____

4. What sounds or words does your child use to communicate his/her needs?

5. What words he/she uses when they ask to use the toilet facilities?

6. Does your child have strong likes or dislikes in food? _____
a. Describe a typical mealtime in your home. _____

b. Does your child have any food allergies? _____

7. How does your child handle naptime at home?

a. What time does your child usually have their nap?

b. What is the length of time?

c. Does he/she have any special "cuddly" blanket or transitional object?

d. If your child has a problem with napping, do you have any special way of handling this concern?

8. Other Information:

a. How does he/she express feelings of pleasure, excitement, or joy?

b. How does he/she express anger, react to frustration?

c. What helps to console your child when he/she is upset?

d. How does your child react to being separated from parents?

e. Has your child experienced any extended separations from parents?

f. How does your child react to being cared for by others, not their mother or father?

g. Does your child have any fears, such as fear of animals or loud noises?

h. How does your child respond to limit-setting?

i. Do you have any area of concern with your child's behavior?

9. What is your child's favorite pastime or play activity?

a. List their favorite toys:

10. How many hours per week does your child watch TV? _____

11. How often, during an average week, do you read to your child? _____

12. Does your child prefer playing indoors or outdoors? _____

13. In a few sentences, how would you describe your child and what you enjoy about him/her?

14. Is there any other information concerning your child that would be helpful for us to know?
(Hospitalization, injuries, need for special medication, etc.)

15. What parenting issues would you like support or information on?

16. My concerns about my child are:

- a. At school: _____
- b. At home: _____
- c. Other: _____

17. Are there any community service or organization would you like more information?

18. Special Needs:

Describe: _____

Does your Child have an IEP? Yes No **(If yes, Please bring a copy to the office.)**



Family History Review Authorization

Child's Name: _____
Please Print

The information provided in this document will be used to gain knowledge of your child's behavior and personal needs. It will only be used by authorized Children's Center staff.

Please review the following statements below and respond according to your wishes.

- I give my permission for my child's teacher to review my Family History information.

- I do not give my permission for my child's teacher to review my Family History information.

Parent's Name _____
Please Print Your Name

Parent's Signature: _____ Date: _____

Thank you for