

FAMILY INFORMATION

You can help us plan for your child's needs, understand concerns and responses, and support and encourage your child if you provide the following information. The information will remain confidential, and we hope you will update it when needed.

NAME OF CHILD: _____

NAME OF MOTHER: _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____ CELL # _____

NAME OF FATHER: _____

HOME ADDRESS: _____

HOME PHONE NO.: _____ WORK PHONE #: _____ CELL # _____

Marital status of parents: ___ Married, living together ___ Separated ___ Divorced

If divorced, please describe custody and visitation agreement for the child.

Language spoken at home: _____

Others in your household:

Sisters, give names and ages: _____

Brothers, give names and ages: _____

Other adults, give names, ages and relationship to child: _____

Other significant persons in child's life (step-families, grandparents, babysitters, etc.). Please give ages of children listed:

NAME	RELATIONSHIP TO CHILD

Does your child have a pet? Kind: _____ Name: _____

What opportunities does your child have to play with other children?

- ___ Neighborhood ___ Sunday School ___ Cousins/other family
- ___ Nursery school or other classroom experience ___ Other _____

What are your child's favorite play activities?

Do you consider your child hard to manage or easily managed? _____

What methods of discipline have you found most effective? _____

What fears does your child have? _____

How are they expressed? _____

What do you and your child enjoy doing together?

What trips, vacations, or other family experiences are remembered with the most pleasure?

What special happenings is your child apt to tell us about? _____

How much television does your child watch each day? _____

How much sleep does your child require daily? _____

Does your child nap regularly? _____ Usual bedtime: _____

What communicable diseases has your child had? Indicate date or age:

Chicken pox _____ Scarlet fever _____ Mumps _____ Measles _____

Impetigo _____ Conjunctivitis (pink eye) _____

Does your child have frequent:

Colds _____ Coughs _____ Tonsillitis _____ Ear infections _____

Upset stomach _____ High fever _____ Convulsions _____ Seizures _____

Has your child had a serious illness, surgery, or hospital stay? If so, please describe the condition and the child's reaction.

Are bowel and bladder functions regular and under control? _____

Has your child had a vision test? _____ Results: _____

Has your child had a hearing test? _____ Results: _____

Has your child had regular dental checkups? _____ Results: _____

Is your child taking any regular medication? If yes, please describe: _____

Does your child have allergies? If yes, to what: _____

How are allergies manifested? (Hay fever, stomach upset, other)

Does your child have any dietary restrictions? If yes, please describe: _____

Is this due to allergy, family preference, medical needs, other?

Describe your child's eating habits:

Likes a lot of foods _____ Eats only a few foods _____ Eats only at mealtime _____ Snacks all day _____

Describe your child's overall health: _____

Please provide any additional information you think might be important for us to be aware of.

What hopes and expectations do you have for your child from our program?