



HELPFUL INFORMATION ABOUT YOUR CHILD-INFANT

CHILD'S NAME _____ DATE OF BIRTH _____

DEVELOPMENTAL HISTORY

DOES YOUR CHILD HAVE ANY NICKNAMES HE/SHE LIKES?

AGE CHILD BEGAN: SITTING CRAWLING WALKING TALKING

DOES CHILD: PULL UP CRAWL WALK WITH SUPPORT WALK INDEPENDENTLY

TIMES CHILD IS FUSSY:

HOW DO YOU HANDLE FUSSY TIMES?

FAMILY INFORMATION

ARE THERE ANY IMPORTANT ADULTS IN YOUR CHILD'D LIFE?

WITH WHOM DOES CHILD RESIDE?

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME?

ARE BOOKS READ IN LANGUAGE OTHER THAN ENGLISH?

ARE THERE WORDS IN HOME LANGUAGE THAT WE SHOULD KNOW?

PLEASE TELL US ABOUT ANY CULTURAL FAMILY CUSTOMS, RITUALS OR TRADITIONS THAT WILL HELP US MAKE YOUR CHILD'S EXPERIENCE MORE MEANINGFUL.

HAS YOUR CHILD BEEN ENROLLED IN CHILD CARE BEFORE?

HOW DOES YOUR CHILD GET ALONG WITH ADULTS?

DOES YOUR CHILD HAVE ANY SIBLINGS FRIEND RELATIOSHIP?OR CLOSE

EATING HABITS

TELL US ABOUT YOUR CHILD'S EATING HABITS? SPECIAL DIET?

DESCRIBE ANY EATING PROBLEMS YOUR CHILD MAY HAVE

ANY FOOD ALLERGIES?

DOES YOUR CHILD USE SPOON _____ HANDS _____

WHAT ARE HIS/HER FAVORIT FOODS? _____

WHAT FOOD ARE REFUSED? _____

DOES YOUR CHILD USE A BOTTLE OR PACIFIER?

FORMULA/BREAST MILK

HEALTH/DEVELOPMENT

WHAT COMMUNICABLE DISEASES HAS YOUR CHILD HAD?

ANY SERIOUS ILLNESS OR HOSPITALIZATION? _____

ANY PHYSICAL DISABILITIES? _____

ANY KNOWN ALLERGIES? _____

ARE THERE ANY MEDICATION GIVEN REGULARY?

HOW DOES YOUR CHILD DEAL WITH BEING SEPARATED FROM YOU?

DOES YOU CHILD HAVE ANY PARTICULAR FEARS?

HOW DOES YOUR CHILD LIKE TO BE COMFORTED WHEN UPSET?

HOW DOES YOUR CHILD DEAL WITH ANGER AND FRUSTRATION?

WHAT TOY(S) YOUR CHILD MOST LIKE TO PLAY WITH?

DOES YOUR CHILD HAVE A PARTICULAR BLANKET, TOY OR PILLOW THAT HE/SHE SLEEPS WITH?

DOES YOUR CHILD TAKES NAPS? _____

TOILET/DIAPERING

HAVE YOU BEGUN TO TOILET TRAIN YOUR CHILD?

WHAT WORD(S) DOES YOUR CHILD USE FOR URINATION, BOWEL MOVEMENT?

HAS ANYONE EXPRESSED CONCERN ABOUT YOUR CHILD'S DEVELOPMENT?

HOW DO YOU SET LIMITS AT HOME? (BOUNDARIES, DEALING WITH POSITIVE AND NEGATIVE BEHAVIOR)

IS THERE ANYONE WHO IS RESTRICTED FROM PICKING-UP OR INQUIRING ABOUT YOUR CHILD? _____

WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD EXPERIENCE WHILE AT THE CENTER?

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.