



Getting to Know Your Child and Family

Child's Name: _____

Date of Birth: ____/____/____

Parent(s) Name: _____

Child's Family Background:

1. Who are the primary caregivers for your child?

2. Marital status of parents? _____
3. What effect, if any, does marital status have on the residence of the child?

4. What language is primarily spoken at home? _____
5. Are there any recent changes which might affect your child (death, divorce, new sibling, move, etc.)?

6. What type of activities do you like to do with your child?

Child's Health Background

1. There may be times when your child is sick and cannot attend school even though you may need to be somewhere else. What arrangements will you make for your sick child?

2. Describe any childhood illnesses and/or serious injuries your child has had.

3. Are there any medical, psychological, or emotional issues that may require special attention or limit participation in school activities?

4. Does your child take any medications on a regular basis? _____
If 'yes', please explain.

5. Does your child have any food or drug allergies? _____
If 'yes', please explain.

6. Does your child have any dietary restrictions? _____
If 'yes', please explain.

7. Does your child nap multiple times throughout the week? _____
If 'yes', how long? _____



Child's Social Background

1. What makes your child happy?

2. Has your child been exposed to group activities such as Full time child care, Part time child care, Playgroups? _____

If 'yes', please explain (Activity and Location).

3. Has your child been enrolled in another school? _____

What is the name of the school? _____

May we contact this school? _____ Phone Number: (_____) _____ - _____

4. How does your child get along with their siblings or other children?

5. What type of activities does your child enjoy doing independently and with others?
