



Start Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Does your child have a nickname he/she would prefer to use? \_\_\_\_\_  
Sibling's Names and Ages: \_\_\_\_\_

Please list other members of the household: \_\_\_\_\_

Are there other adults that care for your child? \_\_\_\_\_

**Please help us get to know your child by completing the following information. All information is kept confidential and shared only with the classroom teachers.**

**Medical and Health: Does your child:**

Have any known allergies (food, environmental, medication)? \_\_\_\_\_

Please list any medications taken regularly: \_\_\_\_\_

Have any physical disabilities? \_\_\_\_\_

Have there been any serious illnesses or hospitalizations? \_\_\_\_\_

Receive assistance from Child Find or received assistance in the past from Birth to Three? \_\_\_\_\_

If so, does your child have an IEP? \_\_\_\_\_ Please note if your child does have an IEP, that information must be shared with the classroom teacher so that we can work together to help your child succeed.

**Personal/Family:**

What language(s) are spoken at home? \_\_\_\_\_

What language(s) does your child speak? \_\_\_\_\_

How does your child handle anger and frustration? \_\_\_\_\_

What techniques do you find are effective in disciplining your child? \_\_\_\_\_

Does your child have any special interests? \_\_\_\_\_

Do you want your child to do homework in the program if time permits? \_\_\_\_\_

What holidays are celebrated in the home? \_\_\_\_\_

What are some of your child's favorite activities or subjects in school? \_\_\_\_\_

\_\_\_\_\_

**Social Relationships:**

Has your child participated in any group experience outside of school such as scouts, sports, after school care? If yes, where and for how long? \_\_\_\_\_

Was this a good experience for your child? \_\_\_\_\_

\_\_\_\_\_

Generally, how do you think your child will adjust to this new group experience? \_\_\_\_\_

What would you like your child to gain from this experience? \_\_\_\_\_

In what areas of your child's development do you feel he/she needs encouragement? \_\_\_\_\_

Is there any further information you would like to share about your child? \_\_\_\_\_

Families are encouraged to become involved in Center activities. Please check any areas in which you would like to enrich the lives of the children in your child's program. This is strictly volunteer and would be according to your schedule. We really appreciate any help you can give us!

- \_\_\_\_\_ Volunteering to read a story or help with an art project
- \_\_\_\_\_ Covering in a classroom so teacher's can attend weekly staff meetings
- \_\_\_\_\_ Giving time as a family to work in the garden area
- \_\_\_\_\_ Helping with fundraising
- \_\_\_\_\_ Sharing a special talent
- \_\_\_\_\_ Sharing information about your job
- \_\_\_\_\_ Copying surveys/manuals/information etc.
- \_\_\_\_\_ Making dinner for staff for their monthly night staff meetings
- \_\_\_\_\_ Doing a cooking project in the classroom
- \_\_\_\_\_ Being a classroom representative
- \_\_\_\_\_ Joining the Board of Directors
- \_\_\_\_\_ Anywhere needed
- \_\_\_\_\_ Other Suggestions

To help us determine other ways that you could be involved, please answer the following:

Parent's/Guardian's Job Title(s)

\_\_\_\_\_  
\_\_\_\_\_

**Parent or Guardian (Please Print)**

**Date**