

Child's Name:

Family Composition Questions

Tell us about your household. (neighborhood, who lives there, names and relationship to child)

Does your child have any parents that do not live in the home?

Yes No

If no, does your child visit this parent? Are there any custody issues that we should know of?

Does your child have any siblings?

Yes No

If yes, names and ages...

Does your family have any pets?

Yes No

If yes, please describe...

Does your child respond to any nicknames?

Yes No

If yes, please describe...

Does your child have any nicknames for family members?

Yes No

If yes, please describe...

Is there any other information about your family's composition that you would like to share with us?

Child Information

Has your child been in an early learning program or child care before?

Yes No

If yes, would you share some information with us?

Where? When? For how long?

What kind of care? (family day care home, relative/neighbor care, group, center)

Is there a reason for leaving that program that you would like to share with us?

Do you have any of your child's records from that program?

How did your child react to other children and adults?

What do you think will happen the first day you leave your child with us?

Does your child have any imaginary friends?

Yes No

If yes, please describe...

Are there any special problems or fears that we should know about?
If yes, please describe...

Yes No

Does your child do any of the following:

Nail biting?

Yes No

Thumb sucking?

Yes No

Stuttering?

Yes No

Any special needs? (medical, developmental, social, mental health)
If yes, please describe...

Yes No

Do any of these special needs require special care by our teachers?

Does your child have an IEP (Individualized Education Plan) Or ISFP (Individualized Family Service Plan)?

Yes No

If yes, we would like a copy of the plan so we can provide the best possible learning experience for your child.

What program or individuals work with your child in regards to these special needs? Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child?

Does your child have any allergies? (please describe)

Food Allergies?

Yes No

Environmental Allergies?

Yes No

Allergies to medicine?

Yes No

How are your child's allergies treated?

Do you have any special medical or dietary information for management in an emergency situation?
(medicine to keep on hand, people to call, etc.)

Yes No

If yes, please describe...

Any other medical or special needs?

Yes No

If yes, please describe...

Is there information that will help us make the first few days in our program easier for your child?

Yes No

If yes, please describe...

Is there other information you would like to share?
If yes, please describe...

Yes No

Questions for the Parent

What are your expectations of our program? Is any particular aspect of the education program especially important to your child/family?

Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? Would you and/or your family like to be a resource for any cultural awareness activities?

Yes No

If yes, please describe...

Are you willing to be a volunteer in our classroom?

Yes No

Are there other ways you would like to be involved?

Are there any other talents or interests you would like to share with us?

What times are best for us to reach you and for you to come in for parent conferences?

Tell us about your child's:

Favorite Toys:

Favorite Games:

Food likes and dislikes:

Do you have any questions about the Parents Handbook?

Yes No

If yes, please describe...

Do you have any questions about the program, curriculum, or facility?

Yes No

If yes, please describe...

Would you like to set up a meeting or conference with administration or you child's teachers?

Yes No

If yes, please describe a time/day that would be best for you.

Please feel free to write any additional questions or information below.