



## Child's Background Information

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Email addresses: Mother \_\_\_\_\_ Father \_\_\_\_\_

Are there languages other than English spoken in the home? \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Workplace: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ ext.: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Days Working: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Workplace: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ ext.: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Days Working: \_\_\_\_\_

What are the family dynamics?: \_\_\_\_\_

Who lives in the household?: \_\_\_\_\_

Other siblings and ages: \_\_\_\_\_

Family Pets and Names?: \_\_\_\_\_

Are there any Custodial/Visiting arrangements that we should be aware of?: \_\_\_\_\_

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

(Circle 5 words that best describe your child)

Happy Assertive Friendly Moody Dependent Impulsive Attentive Stubborn  
Fearful Quiet Sleepy Good-Natured Shy Independent Fearless Outgoing  
Talkative Emotional Other \_\_\_\_\_

Is your child toilet-trained? \_\_\_\_\_

Describe any assistance needed: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ Times: \_\_\_\_\_

Are there food and/or drinks your child can not have? (allergies or dental problems?)

Any health problems we should be aware of? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ Ear aches? \_\_\_\_\_ Fevers? \_\_\_\_\_

Stomach aches? \_\_\_\_\_ Sore throats? \_\_\_\_\_

Does your child take any regular medication? \_\_\_\_\_ For what purpose? \_\_\_\_\_

Are there any special mental, physical or emotional needs that we should be aware of?

Has anyone other than you, the parents, consistently cared for your child?

Has your child ever been in preschool or childcare before? \_\_\_\_\_

If yes, was the experience positive? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

Thank you for taking the time to fill out this form. We are looking forward to getting to know your child. Let us know if we can answer any questions or address any concerns you may have!