



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Dear Parents,

Your child's teacher would like to get to know your child and family a little better. Please fill out this form and return to school as soon as possible. Any information you provide will be confidential and used only by your child's teacher to plan developmentally appropriate learning experiences. Thank you for your cooperation.

Child's Name: \_\_\_\_\_ Child's Race \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Does your child live with: \_\_\_\_\_ both parents \_\_\_\_\_ one parent \_\_\_\_\_ other adults  
(Please specify): \_\_\_\_\_

Names and ages of brothers and sisters:

\_\_\_\_\_

Does your child usually play: \_\_\_\_\_ alone? \_\_\_\_\_ with one friend?  
\_\_\_\_\_ with many children? \_\_\_\_\_ with younger children? \_\_\_\_\_ with children the same age?

Does your child have any fears or anxieties? \_\_\_\_\_ yes \_\_\_\_\_ no

Please explain: \_\_\_\_\_

Check the following words that best describe your child:

\_\_\_\_\_ lacks self control  
\_\_\_\_\_ Independent  
\_\_\_\_\_ Pleasant  
\_\_\_\_\_ Attentive  
\_\_\_\_\_ follows direction  
\_\_\_\_\_ Confident

\_\_\_\_\_ uses self control  
\_\_\_\_\_ dependant  
\_\_\_\_\_ disagreeable  
\_\_\_\_\_ inattentive  
\_\_\_\_\_ does not follow directions  
\_\_\_\_\_ shy

Child's Likes

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

Child's Dislikes

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

Any Security Items?

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

Daily Medications?

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

Allergies or special medical instructions for classroom staff:

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

Does your child suffer from frequent ear infections? \_\_\_\_\_ yes \_\_\_\_\_ no

Does your child have tubes in their ears? \_\_\_\_\_ yes \_\_\_\_\_ no

Is this your child's first time in child care? \_\_\_\_\_ yes \_\_\_\_\_ no

If no, can you tell us about their first experience in Child Care:

---

---

Has your child ever been suspended from a Child Care Program? \_\_\_\_\_ yes \_\_\_\_\_ no

Reason for suspension: \_\_\_\_\_

Has your child ever been asked to leave a program? \_\_\_\_\_ yes \_\_\_\_\_ no

Reason: \_\_\_\_\_

Has your child ever been evaluated and or received services from Early Intervention (ie: speech and language therapy, occupational therapy, physical therapy)? \_\_\_\_\_ yes \_\_\_\_\_ no

Does your child currently have an IEP/IFSP? \_\_\_\_\_ yes \_\_\_\_\_ no

What is the primary language spoken in your home? \_\_\_\_\_

**\*\*Maintaining your home language is extremely important and encouraged by our programs.\*\***

Secondary language? \_\_\_\_\_

Please describe your home culture (beliefs, holidays celebrated, expectations for your child's behaviors, food preferences, etc.)

---

---

---

---

Do you have any questions regarding the program?

---

Classroom? \_\_\_\_\_

Handbook? \_\_\_\_\_

Policies? \_\_\_\_\_

Thank you for taking the time to help us get to know your family and your child better. A staff person will address your concerns/answers in person. We hope you and your child enjoy our programs and we thank you for entrusting us with your child's care.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date