

Child Information Form

Child's Name:

Date of Enrollment:

Educational History

Is this your child's first experience away from home? ☐ YES ☐ NO

What other program /centers has your child attended? What length of time?

Reason for leaving:

What are some of your child's likes?

Dislikes?

What personality traits best describe your child?

What would you like to see your child accomplish in the next year?

What works best to motivate or redirect your child at home?



Please describe any other concerns you have regarding your child (use additional paper if necessary):

Does your child have an IEP? ☐ YES ☐ NO Does your child have an IFSP? ☐ YES ☐ NO

If there is any further accommodations or considerations, please provide the center with written documentation.

Routines

Does your child nap regularly? ☐ YES ☐ NO Does your child sleep through the night? ☐ YES ☐ NO

Does your child use pull-ups at night? ☐ YES ☐ NO

Does your child use a pacifier? ☐ YES ☐ NO ☐ Night ☐ Daytime

Does your child use a bottle? ☐ YES ☐ NO ☐ Night ☐ Daytime

Describe any sleeping habits that concern you that we should be aware of?

Does your child have any fears?

Describe:

Does your child choose his/her own clothes to wear?

Dress Self?

Does your child tend to: ☐ eat independently ☐ eat with some assistance ☐ eat only with help

☐ use eating utensil's ☐ eat with fingers

Does your child have a history of biting? ☐ YES ☐ NO

What ways worked with discouraging this?

Is your child potty trained? ☐ YES ☐ NO ☐ Diapers ☐ Pull-ups ☐ underwear

Family/Home Information

Name all the people living at home, including the relationship and ages of the siblings



If the parents are divorced or separated, does the child see the non- custodial parent regularly?

Pets?

List and names

What holidays does your family celebrate (i.e. Christmas, Hanukkah, Kwanzaa, Ramadan, Diwali)?

List any special traditions that your family has:

How willing are you to help while your child is enrolled in our program?

☐ Read to/with Children ☐ Present a hobby or interest ☐ Volunteer at classroom/center parties

☐ Coordinate in-house presenters ☐ Share a custom or tradition ☐ Chaperone Field Trips

☐ Other:

Parent/Guardian Signature

Date