

Special Information About Your Child



Child's Full Name: _____ Date of Birth: _____

Nickname(s): _____ Enrollment Date: _____

Child's Race / Ethnicity: _____

Family & Cultural Information

Parent Name _____ Occupation _____

What does your child call this parent? _____ Lives with Child: Yes No

Parent Name _____ Occupation _____

What does your child call this parent? _____ Lives with Child: Yes No

Who else lives at home with your child? Please include stepparents, siblings, extended family, pets, etc.

Does your child have extended family? Do they live nearby? _____

What language(s) is/are spoken at home? _____

Does your family celebrate any special cultural events or religious holidays? If so, please describe below.

Is there any other relevant family information the school should know? _____

Health

Does your child have any allergies? If so, please describe allergies and how we should respond if your child has an allergic reaction in detail. You will also need to have an Allergy Action Plan on file with appropriate medications.

Does your child have an existing illness? If so, please describe in detail. _____

Has your child had a previous serious illness, injury, or hospitalization in the last 12 months? If so, please describe in detail. _____

Is your child currently taking any medication? If so, how is the medication administered, and will it need to be administered while your child is in care? Is it prescribed for continuous use? Are there any side effects to which we should be alerted? _____

Eating Preferences

What are your child's favorite foods? _____

Does your child feed themselves? Do they use utensils or eat with fingers? _____

Does your child choke easily while eating? _____

Besides allergies, are there any foods your child is not allowed to eat? If so, please list below.

Toileting

Has your child mastered toilet training? _____

Does your child need assistance with toileting? _____

What are your ideas about toilet training, and how can we best help? _____

Behavior

Does your child have any special fears? _____

How does your child communicate their needs? _____

Are there any special words your child uses that might not be readily recognized? _____

How do you tell your child to stop a behavior that you don't approve or that might be dangerous?

When your child gets upset, what helps them calm down? _____

What is a good way to distract your child when they are having a temper tantrum? _____

Are there any particular routines that are helpful at naptime? _____

What position is most comfortable for your child when napping? _____

Activities

What activities do you like to do with your child? _____

What activities does your child like to do when playing with other children? _____

What does your child like to do when playing alone? _____

Please attach a family photo.