

**Child Information Form**

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

Date of Birth: \_\_\_\_\_

**FAMILY INFORMATION**

Who usually cares for your child when you need to be away from home: (relative, friend)

\_\_\_\_\_

Other Persons Living in Household:

Name	Relationship	Date of Birth

Are there any pets in the household?    YES                  NO

Please List type of pet and names

- 1)
- 2)
- 3)

Previous school experience or child care arrangement (if so indicated where and duration) \_\_\_\_\_

\_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Type of birth:        Normal \_\_\_\_\_        Premature \_\_\_\_\_        C-section \_\_\_\_\_

Age child began sitting \_\_\_\_\_        Crawling \_\_\_\_\_        Walking \_\_\_\_\_

Primary language for speaking? \_\_\_\_\_

Current language abilities? \_\_\_\_\_

Any difficulties in speaking? \_\_\_\_\_

## **SLEEPING**

What is your child's bedtime? \_\_\_\_\_

What time does your child wake up? \_\_\_\_\_

Does he/she have any sleeping disturbances? \_\_\_\_\_

What is your child mood upon awakening? \_\_\_\_\_

Does he/she take naps? \_\_\_\_\_

If so, from when to when? \_\_\_\_\_

Do you have any particular concerns about your child's sleeping habits? \_\_\_\_\_

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## **EATING**

Does your child enjoy eating? \_\_\_\_\_

What are some of his/her favorite foods? \_\_\_\_\_

Does your child have any food allergies? Please specify \_\_\_\_\_

What foods are refused? \_\_\_\_\_

Do you have any concerns about your child's eating habits? \_\_\_\_\_

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## **SOCIAL AND EMOTIONAL BEHAVIOR**

Does your child have temper tantrums? \_\_\_\_\_ How often? \_\_\_\_\_

Frequent upset stomach? \_\_\_\_\_

Does he/she cry easily? \_\_\_\_\_

What experiences does your child enjoy at home? \_\_\_\_\_

What experiences does your child enjoy out of the home? \_\_\_\_\_

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How do you help your child deal with separation? \_\_\_\_\_

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How does your child react to strangers? \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

How do you deal with your child's fears? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

What kinds of discipline have you found are most effective with your child? \_\_\_\_\_

\_\_\_\_\_

How does your child react to discipline? \_\_\_\_\_

Please not any other information that would be helpful for your child's teacher:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_