

All About Me and My Family

Filling out this form is done voluntarily. You may choose to fill out the entire form or just those parts you feel comfortable with. All information will be kept confidential and is used to assist caregivers in your child's classroom.

Child's Name: _____ Birth date: _____

Sex: ____ Place of birth: _____ Nationality: (7.A.02) _____

Does your child have any allergies, and if so please list? (7.A.10) _____

Child's favorite food: (7.A.10) _____

Food your child dislikes: (7.A.10) _____

Child's favorite toy and book: _____

Parent(s) or Guardian(s) Name: (7.A.02) _____

List siblings and their ages: (3.E.08, 7.A.02) _____

Are there other members of the household? If so, list name, age and relationship? (3.E.08, 7.A.02) _____

Toilet trained (circle one) (3.B.10, 7.A.10) Not Trained Just Beginning Fully Trained

Describe assistance needed and words used: (3.B.10 & 7.A.10) _____

Does your child nap? (3.A.03) _____ When? (3.A.03) _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child have any specific fears? If so, describe (1.B.05) _____

What are your child's favorite activities (finger plays, nursery rhymes, songs, etc.)? (2.A.08, 3.B.11) _____

Primary language spoken at home: (2.D.01) _____ Other languages: (2.D.01) _____

Does your child play well alone? (1.C.06) _____ In groups? (1.C.02) _____

Has your child gone to any other program before, and if so please describe previous experiences? (1.A.04) _____

What do you hope will be included in your child's program? *(2.A.04, 7.A.08)* _____

What are some rules the child follows at home? *(3.B.12, 7.A.02)* _____

What is the method of discipline, guidance, or behavioral control used at home? *(3.B.12, 7.A.02)* _____

What is one normal routine at home that can be done at the center to make a smooth transition for both child and care giver? *(1.A.04, 7.C.07)* _____

Do you have any favorite cultural food/dish you serve your family that we might include in our menus? *(1.A.02, 7.A.10)*

What traditions/holidays do you celebrate as a family? *(1.A.02, 7.A.03)* _____

What cultural background information would you like to share with the program? *(7.A.03)* _____

Does the family have any hobbies, skills, or talents that you could share with us? *(7.A.03)* _____

When your child is upset, he/she likes to be comforted by: *(1B.05)* _____

What does your child enjoy doing with different members of the family? *(3.E.08, 7.A.02)* _____

How can we validate and support your family's lifestyle here at the Lakenheath Child Development Center? *(7.A.01)* _____

Please provide any child care giving issues, routine separation issues, special needs issues, foods being served/consumed or daily care issues we need to know about your child. *(7.A.02)* _____