

# CHILD INFORMATION FORM

Date \_\_\_\_\_

## Family

Program / Year \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ M / F

Child's Name/Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

List name(s) and age(s) of siblings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of care giver(s) \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

Kind of pet(s) and the name(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

List food or drug allergies \_\_\_\_\_

List daily medications and purpose \_\_\_\_\_

(Please complete the reverse side)

Play Activities \_\_\_\_\_ Toys \_\_\_\_\_

TV Shows / Videos \_\_\_\_\_ Food \_\_\_\_\_

Friend(s) or Relative(s) \_\_\_\_\_

Transitional or Separation Object (s) \_\_\_\_\_

What thing(s) does your child extremely DISLIKE \_\_\_\_\_

### **Social/Emotional**

Briefly describe your child's willingness to interact with other children and adults. Does your child willingly separate from you? Does your child have any specific fears?

### **Behavioral**

Briefly describe your child's ability to cooperate within a group environment. What previous experience has your child had playing in groups? Does your child typically comply with normal requests? What does a "temper tantrum" look like for your child?

What discipline techniques are used in the home?

### **Self-Help**

Please indicate which of the following skills your child has achieved.

Drinks from a small glass \_\_\_\_\_ Assists in dressing \_\_\_\_\_

Undresses self except for pullovers and fasteners \_\_\_\_\_

State level of involvement in toilet training process:

\_\_\_\_\_ diapers \_\_\_\_\_ pull-ups \_\_\_\_\_ partially trained \_\_\_\_\_ toilet trained

Comments \_\_\_\_\_

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

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