

Child Health and Personal Information

Child's Name _____

Does your child have allergies? Y N If yes, to what? _____

Has the child been to a dentist? Y N Has the child's hearing been tested? Y N

Does the child have speech problems? Y N Has the child's vision been tested? Y N

Brothers and Sisters of Child:

Name _____ Age _____ Grade in School _____

Name _____ Age _____ Grade in School _____

Name _____ Age _____ Grade in School _____

Other members of the household, other than parents and siblings (include relationship and age)

Does the child have own room? Y N If not, with whom does he/she share a room? _____

Has the child had group play experience? Y N Where? _____

Does the child have neighborhood playmates? Y N Specify _____

When and with whom does the child watch TV? _____

Does the child prefer to play: alone _____ with playmates _____ with siblings _____ with adults _____?

Does the child have imaginary playmates? Y N _____

What pets does the child have? _____

What are the child's favorite indoor activities? _____

List some of the child's favorite toys, play equipment, and books _____

Is the child right-handed _____ or left-handed _____?

Would you describe the child's eating habits as: good _____ average _____ poor _____?

Does the child feed him/herself? Y N Wait to be fed? Y N

Does the child nap during the day? Y N When? _____

Can the child decide when to go to the bathroom or is a reminder needed? _____

Does the child have any problems we should be aware of? _____

Are there any special family circumstances which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc.) _____

What, if any, concerns do you have about your child's present behaviors? _____

What are you doing about those concerns? _____

In what ways would you like to see your child develop during this year in our program? _____

Please add any comments you feel will help us know your child better. Thank you very much for your help and entrusting your child in our care.

Parent Signature

Date