



CHILD BACKGROUND INFORMATION

Family Information

Child's Name: _____

Sex _____ M _____ F

Nickname (if applicable): _____

Father's / Legal Guardian Name: _____

Mother's / Legal Guardian Name: _____

Child lives with: _____ Mother _____ Father _____ Other

Other members of Household (please include ages):

Health Information

Hospitalization History (when, where, and what reason): _____

Medications the child is taking: _____

Allergies or chronic health problems (EX: Asthma, penicillin allergy, etc): _____

Does the child have any physical disabilities? If so, please describe: _____

Has the child had any serious accidents? If so, please explain: _____

Does the child frequently have:

_____ Colds _____ Ear aches _____ Stomach aches _____ High fevers _____ Vomiting

Has the child ever:

_____ Been to the Dentist _____ Had vision tested _____ Had hearing tested

Does the child show a preference for right or left hand? _____

Personality Characteristics

Circle the words that best describe the child at present:

Lively Quiet Easy -Going Cautious Alert Good-natured Creative Intellectual Athletic
Friendly Talkative Stubborn Happy Healthy Serious Fearful Confident Adaptable Shy
Noisy Whiny Controlled Impatient Impulsive Reasonable Imaginative Rough
Independent Gentle Patient Affectionate Clumsy Sweet Other _____

Child prefers:

_____ Indoor play _____ Outdoor play _____ Playing alone _____ Playing with others

How does the child get along with others? _____

Favorite Toy (s): _____

Favorite activities: _____

Does the child have any particular fears? (Ex: thunder, darkness, dogs, etc.): _____

General Information

What methods of discipline are used in your home? _____

How does the child react to the discipline? _____

For what reasons have you enrolled your child? _____

Are there any particular ways you would like us to help your child? _____

Parent Signature

Date

Staff Signature

Date