

# Child and Family Information

A

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)

## Other Children in Family:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Church Information

Family Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip \_\_\_\_\_

Child: Is Baptized: \_\_\_\_\_ Date: \_\_\_\_\_ Attends church: \_\_\_\_\_ Attends Sunday School \_\_\_\_\_

## Educational Background:

Previous Preschool: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving that center? \_\_\_\_\_

Has your child been tested for any learning or behavioral issues? ? \_\_\_\_\_

If so, what were the recommendations? \_\_\_\_\_

## Health History:

Has your child ever been unconscious? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a history of convulsions, seizures, or high fevers? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies? Please list any known allergies and if they are life threatening please give us detailed information on treatment needed. (Allergy medication form is available.)  
\_\_\_\_\_

Has your child had any serious illnesses or accidents? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any handicaps or disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Will your child need to take a medication while at the center? Yes \_\_\_ No \_\_\_

If so, please list medication and the reason it is to be given.

Was your child slower in walking or talking than you think normal? Yes \_\_\_ No \_\_\_

Age at walking (unassisted) \_\_\_ Tiptoe walking? Yes \_\_\_ No \_\_\_ (For more than a month) Yes \_\_\_ No \_\_\_

Started to talk \_\_\_ Talking in short sentences \_\_\_

Does your child seem to have any speech problems? Yes \_\_\_ No \_\_\_

If Yes, please explain \_\_\_\_\_

Is child potty trained (No pull-ups. Rare Accidents)? Yes \_\_\_ No \_\_\_

At what age was child toilet trained? Bladder \_\_\_ Bowel \_\_\_

Does your child take turns and play well with children? Yes \_\_\_ No \_\_\_

Has your child had any difficulty with vision or hearing? Yes \_\_\_ No \_\_\_

Does your child have coordination problems? Yes \_\_\_ No \_\_\_

My child's behavior at home could be classified as: Hyperactive \_\_\_ Normal \_\_\_ Withdrawn \_\_\_

What do you find to be the most effective method of correction? \_\_\_\_\_

What kinds of things does your child spend his/her time doing at home?

What is the best way to get your child to do something? \_\_\_\_\_

Are there any behaviors that concern you? \_\_\_\_\_

Is there any other information that you feel we should know about your child? \_\_\_\_\_