



## Child and Family Information

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

### 1. Personal History

Birth Wt \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Name all persons who live in the same household as this child and state relationship.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Was this child adopted?            Y    N    N/A

Does he/she know?                Y    N    N/A

How old was child when adopted? \_\_\_\_\_

What is the primary language spoken in your child's home? \_\_\_\_\_

Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)            Y    N

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Emotional History**

- Describe your child's nature. (shy, talkative, aggressive, etc.)
- 

- What things or events upset your child? (sirens, thunder, animals, etc.)
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- How does your child act with strangers or in an unfamiliar setting?
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- Has your child spent much time playing and socializing with other children? If so, explain. (siblings, play groups, previous daycare, etc).
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- Describe a routine day of your child's. Include time of each activity. Begin with wake-up and end with bed-time.
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3. **Health History**

- List any known allergies, including food allergies.
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- List all serious injuries and their date.
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- List all hospitalizations and their date.
- 

- Has your child ever had any speech/hearing/vision problems? (Describe)
- 

- Has your child ever had problems with any other bodily function? (Describe)
- 

- How does your child act when sick? (no appetite, sleeps more than usual, etc.)
- 

- Does he/she run a temperature easily? (100° F or above)            Y     N

- Has your child ever had a convulsion related to a fever?            Y     N

- Is your child on medication now? (Describe)

4. **Diet History** (circle all that apply)

- What does your child eat?

table food                      milk/formula                      baby food                      baby cereal                      juice

- What does your child use to eat/drink?

Cup                      Bottle                      cup w/lid                      spoon                      fork                      fingers

- What type of milk/formula does your child drink?

breast milk      whole milk      2%      1%      skim      formula (brand) \_\_\_\_\_

- Does your child have problems with

spitting up?      constipation?      loose stools?      diaper rash?      colic?      sensitive skin?

- If taking a bottle, what kind is used and how often do you burp child?

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- How does teething affect your child?

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- What meals does your child eat?

breakfast                      am snack                      lunch                      dinner/supper                      pm snack

- What kind of eater is your child?

eats everything off plate                      eats half of food served                      eats a few bites

- If your child is on a special diet, state reason and explain diet in detail.

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5. **Bowel/Bladder History**

- Is your child toilet trained?                      Y                      N

- If not, have you started the toilet training process?                      Y                      N

Please explain the process used.

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- What words, gestures or signs does your child use if he/she needs to use the bathroom? \_\_\_\_\_

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6. **Sleep History**

- Child's bed-time is \_\_\_\_\_ . Child wakes at \_\_\_\_\_ .
- Naps are from \_\_\_\_\_ to \_\_\_\_\_ .
- My child hasn't napped since age \_\_\_\_\_ .
- Item(s) my child sleeps with \_\_\_\_\_ .
- Mood when waking up is \_\_\_\_\_ .
- How is your child put to sleep? Be specific. (Needs to be rocked, needs music, must be on tummy, needs blanket, etc.)  
\_\_\_\_\_
- Describe child's sleep pattern. (heavy, light, restless, etc.)  
\_\_\_\_\_

7. **Miscellaneous**

- What discipline techniques work for your child?  
\_\_\_\_\_
- What are your expectations of this program?  
\_\_\_\_\_  
\_\_\_\_\_
- What other information would be helpful for the staff caring for your child to know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_