

CHARLOTTE R.RILEY CHILD CENTER

CHILD'S PERSONAL AND DEVELOPMENTAL HISTORY

You are our most important resource. This form will be used by your child's teacher(s) to better understand your child. Your input assists teaching staff in meeting your child's individual needs and interests in his/her classroom. Please contact your child's teacher if important information changes during your child's enrollment in our program.

Child's Name _____ Date _____

Date of Birth _____ Place of Birth _____

Name to appear on child's nametag (please no nick names) _____

Name of Mother/Guardian _____

Last

First

Name of Father/Guardian _____

Last

First

If applicable, names of step-parents in your child's life _____

Name(s) by which you as **parent(s)** prefer to be called _____

Marital Status: Married _____ Single _____ Divorced/Separated _____ Widowed _____

In which house does your child reside? _____

Is your child talking yet? _____

Is English your child's primary language? Yes _____ No _____ If not, what is?

What language(s) are spoken in your home? _____

Do you or your child require the services of a translator? Yes ____ No ____
(If yes, please contact the child center office so arrangements can be made to assist you and your child).

If your child does not speak English, please provide the phonetic spelling of the words your child understands for:

Mom _____ Dad _____ Yes _____ No _____

Hello _____ Goodbye _____ Hungry _____ Potty _____

Tired _____ Thirsty _____ Scared _____ Hurt _____

Play _____ Friend _____ Like _____ Outside _____

Describe your child's language and communication abilities: _____

Name and ages of sibling (or step- siblings) living with your child: _____

Has your child experienced separation anxiety in group care? Yes ____ No ____ If yes,

Please describe how you assisted your child through this experience: _____

How has day time care been provided in the past? _____

Was it a positive experience? _____

If not, please explain: _____

Is your child currently attending another school or child care program? If yes, what is the name of this school or child care program? _____

Will you have a child care arrangement for your child in addition to ours? If yes, please describe:_____

Are there any pets at home? If so, please specify:_____

Does your child watch television? Yes _____ No _____ If yes, please note your child's favorite programs:_____

How many changes of residence has your child had since birth?_____

How does your child relate to other adults?_____

Please take a moment to describe your child's personality and temperament to us (e.g., easy going, happy, shy, quite, active, etc)._____

Does your child have any particular fears, such as loud noises or certain animals? Yes _____ No _____ If yes, please describe what tips you use to help your child cope:

What do you do to comfort your child?_____

Has your child gone through a stage of biting other children? Yes _____ No _____ If yes, how did you handle it?_____

Do you have any concerns regarding your child's motor ,language or social-emotional development?_____

Describe your child's.....

* General physical/motor abilities:_____

*Preferred playmates, i.e. solitary, pretend, sibling, peers, adults: _____

What new skills /accomplishments is your child presently mastering (i.e. catching a ball, drawing circles, forming friendships, etc)?

What skills do you hope your child develops in a group care/educational setting?

Is your child daytime trained for urine? Yes _____ No _____ for bowels Yes _____ No _____

At what age was your child toilet trained? _____

Did you encounter any difficulties? _____

What terms does your child use for toileting at home?

Urination _____ Defecation _____

Does your child nap? Yes _____ No _____ Length of nap: _____

What are some ways you use to help your child nap comfortably? _____

Does your child have a transitional object/ lovey from home? _____

Do you have any particular concerns about your child's eating habits?

Food child likes _____

Food child dislikes _____

Please describe any unique circumstances in your family or child's life that may affect your child's current behavior? (for instance, child's imaginary playmate; new sibling; a recent move; problems with child care arrangements; family death; illness or hospitalization; parent separation; divorce, cultural/home habits etc.) _____

What are your usual methods of behavior guidance/discipline? _____

What behavior guidance/discipline method(s) does your child respond to best? _____

What methods of reassurance work best with your child? _____

Are there religious or family/cultural traditions your child observes? Yes ___ No ___ If so
please specify (i.e. Christmas, Hanukah, Ramadan, etc). _____

Does your child have any allergies? Yes ___ No ___ To what? _____

(Do we have a note on file from your child's physician?)

What allergies run in your family? _____

Who will care for your child when he/she/is sick? _____
(Have you completed the Child Care Emergency Information section of the enrollment
packet?)

In the event your child becomes ill at school, whom do you wish we contact first?
_____ second? _____

**(One contact person on emergency card must be able to pick up your child within 1
(one) hour).**

What do you hope your child gains from enrollment in our program?

FAMILY INVOLVEMENT SURVEY

Our child center facilitates parent educational workshops during the fall and spring semesters. Are there specific topics you would like to see addressed?

Our child center includes parents of enrolled children on our advisory committee as representatives from each classroom. And, parents on the committee are representative of the families population we serve-student, staff/faculty, and community. Would you be interested in being contacted about serving on such a committee? _____ Yes _____ No

What talents or hobbies would you be willing to share with your child’s classroom? (i.e reading a story to children, playing a musical instrument, etc). Please specify:

How did you hear about our program? _____

What influenced your decision to enroll in our child center? (Circle all that apply):

Fees Reputation Educational Program NAEYC Accreditation Teaching Staff

Administration Facility Other: _____

Parent’s Signature _____ Date _____