

## EARLY CHILDHOOD EDUCATION

# Child Information Form

<b>Child's First Name</b>	<b>Child's Last Name</b>	
Date of Birth (Mo/Day/Yr)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		
City	State	Zip Code
Primary Phone		

<b>Mother's Name</b>	
Email Address	Occupation
<b>Father's Name</b>	
Email Address	Occupation

**Special talent, skill or hobby that you are able to share with the class, staff or Center:**

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Brothers & Sisters		
Name	DOB	School

Are there others living in the household?  Yes  No  
*If yes, relationship to child:*

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Language(s) other than English spoken in home?  Yes  No  
*If yes, which languages?*

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Does your child have any allergies?  Yes  No  
*If yes, please describe and list any airborne allergies your child has:*

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Is this your child's first nursery school experience?  Yes  No  
*If not, list camps or schools:*

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Is your child toilet trained?  Yes  No  
 Does your child need to be reminded to use the toilet?  Yes  No

Has your child had any formal testing?  Yes  No  
*If yes, what type of testing?*

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**What type of play does your child prefer?**

*(Please check as many behaviors as apply.)*

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> ACTIVE        | <input type="checkbox"/> IMAGINATIVE PLAY | <input type="checkbox"/> MUSIC  |
| <input type="checkbox"/> INDOOR        | <input type="checkbox"/> QUIET            | <input type="checkbox"/> TRUCKS |
| <input type="checkbox"/> ALONE         | <input type="checkbox"/> OUTDOORS         | <input type="checkbox"/> BLOCKS |
| <input type="checkbox"/> WITH AN ADULT | <input type="checkbox"/> WITH A PEER      | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> CRAFTS        | <input type="checkbox"/> DOLLS            |                                 |
| <input type="checkbox"/> MANIPULATIVE  | <input type="checkbox"/> DRESS-UP         |                                 |

**Which behaviors best describe your child when upset?**

*(Please check as many behaviors as apply.)*

- |  |   |
|--|---|
| <input type="checkbox"/> CRIES EASILY        | <input type="checkbox"/> VERBALLY ABUSIVE         |
| <input type="checkbox"/> HAS TEMPER TANTRUMS | <input type="checkbox"/> WITHDRAWS                |
| <input type="checkbox"/> BITES               | <input type="checkbox"/> REGAINS COMPOSURE EASILY |
| <input type="checkbox"/> HITS                | <input type="checkbox"/> OTHER:                   |
| <input type="checkbox"/> KICKS               |   |

**What situations might cause your child to become upset?**

*(Please check as many behaviors as apply.)*

- |  |  |
|--|--|
| <input type="checkbox"/> SHARING       | <input type="checkbox"/> SEPARATION ISSUES |
| <input type="checkbox"/> FOOD ISSUES   | <input type="checkbox"/> THUNDER           |
| <input type="checkbox"/> LIMIT SETTING | <input type="checkbox"/> TOILET            |
| <input type="checkbox"/> BEING TOUCHED | <input type="checkbox"/> DARKNESS          |
| <input type="checkbox"/> LIGHTNING     | <input type="checkbox"/> OTHER:            |
| <input type="checkbox"/> LOUD NOISES   |  |

Does your child have any special needs or learning issues that you are aware of?

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What method of discipline is used in your home?

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What is your child's reaction to this discipline?

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Is there anything else that you would like us to know about your child that would help us to better understand her or him?

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