

## Getting to Know Your Family

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Birth Experience & Medical History

- Birth Weight: \_\_\_\_\_
- Was your child born prematurely (before 37 weeks)? Yes No
- Were there any complications during pregnancy or birth? Yes No
- Does your child have frequent or chronic illnesses? Yes No
- Has your child been treated for any serious illness/hospitalized? Yes No
- Does your child have diagnosed medical conditions? Yes No
- Does your child have any food or environmental allergies or sensitivities? Yes No
- Does your child have any routine medication? Yes No
- Does your child have any dietary restrictions? Yes No

If yes, to any above, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Developmental History

- Does your child have any birth defects or identified developmental delays?  
\_\_\_\_\_
- Is your child receiving any developmental therapy or services?  
\_\_\_\_\_
- Has your child met their age-appropriate developmental milestones? If not, please describe: \_\_\_\_\_
- Home Language(s): \_\_\_\_\_
- Please describe your child's daily routines and any assistance needed.
  - Wake-up Routine: \_\_\_\_\_
  - Breakfast: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Toileting/Diapering: \_\_\_\_\_
  - Nap: \_\_\_\_\_
  - Bedtime: \_\_\_\_\_ Hours of Sleep a Night: \_\_\_\_\_
- How does your child comfort themselves if upset? \_\_\_\_\_  
\_\_\_\_\_

- How is challenging behavior best addressed with your child?  
\_\_\_\_\_
- Does your child have any fears, insecurities, or sensory differences? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child enjoy new toys, experiences, meeting new people, and exploring new places? \_\_\_\_\_  
\_\_\_\_\_
- Describe your child's play: \_\_\_\_\_
- Please describe your child's social activities: \_\_\_\_\_  
\_\_\_\_\_
- What your child's strengths? \_\_\_\_\_
- What is difficult for your child? \_\_\_\_\_
- What are your expectations for your child? \_\_\_\_\_  
\_\_\_\_\_
- Please describe any special needs in your child's daily routines and how they are met:  
Feeding: \_\_\_\_\_  
Sleeping: \_\_\_\_\_  
Diapering/Toileting: \_\_\_\_\_  
Other: \_\_\_\_\_

### **Social History**

- Who are the important people in our child's home? What are the names your child uses for them? \_\_\_\_\_  
\_\_\_\_\_
- Parent/Guardian Occupation: \_\_\_\_\_
- Parent/Guardian Occupation: \_\_\_\_\_
- List other important people in your child's life and your child's name for them. \_\_\_\_\_  
\_\_\_\_\_
- Is this your child's first childcare experience? If not, please describe other childcare situations. \_\_\_\_\_
- Have there been any significant changes recently in your child's world (i.e. parent's marital status, change of caregiver, illness or death in the family, change in address?). Please describe. \_\_\_\_\_
- Does your child live in more than one home environment? Please describe. \_\_\_\_\_  
\_\_\_\_\_
- Is there anything else you want to say about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Any other concerns you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Faith History**

- Does your family have a faith community? If yes, please list name and denomination if Christian. \_\_\_\_\_
- Parents faith background: \_\_\_\_\_  
\_\_\_\_\_
- How can we support your child's faith life while at school? \_\_\_\_\_  
\_\_\_\_\_