

Child History Information



Child's Full Name: _____

Date of Birth: _____

Family Information:

- Parents: Married
 Single
 Divorced
 Remarried
 Separated
 Deceased

Age of child at the time of any above changes in family situation

If divorced or separated, how often does a child see an absent parent?

Brothers and Sisters:

Name(s)

Date of Birth

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list any other persons living with family and indicate their relationship to the child

If any other person shares in caring for the child on a regular basis, please indicate name, relationship (if any), days/hours responsible for child's care.

Routine:

Briefly describe child's eating habits and food preferences _____

Sleeping patterns: _____

What time does your child go to bed at night? _____

When does he/she go to sleep? _____

When does he/she get up in the morning? _____

What is your child's weekend schedule for naps? _____

How does he/she act when tired and/or needs a rest? _____

Does your child sleep with a favorite blanket or toy? _____

Does your child have any specific routines or special words for toileting?

Indicate what kinds of activities you believe you child would enjoy:

- | | |
|-------------------------------------|-----------------------------------|
| _____ Books, puzzles, blocks | _____ Scissors, paste, glue |
| _____ Tinker toys, take-apart toys | _____ Balls, jump rope, tricycles |
| _____ Table games (Candyland, etc.) | _____ Paper, pens, crayons |
| _____ Trucks, trains, cars | _____ Dolls, dress-up, dishes |
| _____ Mud, water, sand, playdough | _____ Other, give examples. |

How long do you think your child will stay at an activity such as books or blocks at this time?

Parent's Perspectives:

What do you hope your child will gain most from his/her experiences at Kids Harbor?

How do you expect your child to adapt to our program? _____

Are there any additional circumstances regarding your child that you would like us to be aware of? _____

Do you have any concerns about your child's development in any areas?

Personal Information:

What is the name of your child's best friend? _____

What is the name(s) of your child's pets? _____

How does your child relate to other children? _____

Does he/she seek friendships? _____

Does he/she enjoy playing alone? _____

How does your child relate to adults? _____

Does your child have any fears such as dogs, sirens, or thunder? _____

Are there certain situations that anger your child? _____

How is your child limited or disciplined? _____

Health:

Does your child have any emotional/behavioral/or physical concerns?

Does your child have any dietary restrictions or allergies?

Physical handicaps?

Have there been any serious illnesses or hospitalizations? If so, please describe circumstances including age, length of time? _____

Developmental History:

Type of birth: _____

Complications: _____

Child's birth weight _____ if adopted, at what age? _____

What age did your child:

Sit? _____ Crawl? _____ Walk? _____ Talk? _____

Toilet trained? _____ Was training difficult? _____

What age did your child take a bottle? _____ Give up the bottle? _____

How does the child act now when you have to leave him/her?

What do you find is best to say or do at these times?

Child Care Experiences:

Has your child attended any other baby-sitter, day care, or nursery program? If so, where and how long?

What was your child's reaction to that experience?

