

St. Alban's Early Childhood Center

PLEASE PRINT ALL INFORMATION

Child's Full Name: _____ Date of Birth: _____ Sex: _____

Parent's Name: _____ Occupation: _____

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Family Status: (check all that apply)

Single: _____ Married: _____ Separated: _____ Divorced: _____ Unmarried Couple: _____ Widow/er: _____

Legal Guardian(s): _____ Grandparent(s) Custody: _____ Foster Parent(s): _____ Adoptive Parent(s): _____

List child's brothers and sisters:

(Names and Ages)

1. _____
2. _____
3. _____
4. _____

Is there anyone else living with your family? Whom? _____

What language is spoken at home? _____

Has your child ever been in a daycare or preschool setting? If not, who cared for the child? (ex. nanny, mom, grandparents, etc.)

What time does your child go to bed? _____

Does your child share a room or sleep in their own room? If they share, with whom? _____

Does your child sleep in a crib? _____

Does your child sleep with a special toy, blanket, other? _____

Does your child use a bottle or pacifier when going to sleep or at other times? If so when?

What are his/her favorite toys or activities?

Describe your child's eating habits.

Are there any allergies that we should be made aware of? (Please allergies and reactions)

How well does your child verbally express him/herself? (Can your child communicate verbally with non-family members?)

Is your child toilet trained or working on it? _____

Does your child require diapers during nap time? _____

Does your child need to be reminded to use the bathroom? _____

What words does your child use when he/she needs to use the bathroom.

Has your child undergone any traumatic events or had any unusual experiences that may be helpful to know? (Recently moved, recently adopted, death in the family, loss of a pet, divorce, separation...)

Do you have any type of behavioral problems at home? Is there any specific reason for these problems?

What methods of discipline do you use with your child?

How does your child react to these methods?