

Date _____

Child's Legal Name _____ Nickname _____

Birth date _____ Gender _____

Address _____

Siblings _____

Parent Information

Mother's Name _____

Address (If different) _____

Father's Name _____

Address (If different) _____

Marital Status _____

Custody/Visiting Arrangements _____

Is your child currently enrolled in school? _____ If so, what grade? _____

How do you comfort your child at home when they are upset?

Does your child have any items of comfort (blanket, stuffed animal, etc.)?

When do they use it? _____

What types of independent, self-help skills does your child have? (feeding, dressing, washing hands, using the toilet, etc.) _____

What special interests does your child have?

Please describe any allergies your child has and the treatment used for these allergies.

What type of care settings has your child previously been involved in?

How does your child react to new people and situations?

Please describe any fears that your child may have:

Is your child left or right handed, or undecided? _____

Has your child had experience with scissors? _____

Does your child enjoy independent play, group play, or both? _____

Please describe any special needs your child may have: _____

Is there any additional information that can help us better care for your child?
