



Child Development Center of St. Joseph

CHILD INFORMATION

Dear Parent/Guardian,

You are our most important resource! This form is used by your child's teacher to better understand and meet your child's individual needs. Because your child is continuously growing and changing, we would appreciate your time in filling out this form completely. Your answers will be confidential. Please do not feel obligated to answer any questions that you think are too personal.

Thank you.

Sr. M. Brendan Bogdan, C.A.A.F.

Child's Name: _____

Date of Birth: _____

Place of Birth: _____

Name you would like your child called: _____

Name of parent(s), guardian(s): _____

(Last Name) (First Name) (Birth Date)

(Last Name) (First Name) (Birth Date)

Please indicate the name by which parent(s) prefers to be called:

Marital Status: Married Single
 Divorced/Separated Widowed

In which house does your child reside? _____

What language does your child speak? _____

Please list, in order of birth, all children (including this child) in your family:

<u>Name</u>	<u>Sex</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other persons (and their relationship) living in your household:

Name

Relationship

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Does your family have any pets? Please list the kind of pet and its name:

Has your child had any previous school, playgroup, day care or baby sitter experience? (Please indicate what type of experience.)

Was this a positive experience? _____

Is your child currently participating in any of the above? (Please name and describe setting.)

What are the favorite activities in which your child participates with other family members? (Please note which family member participates.)

DISCIPLINE

What are your usual methods of disciplining your child? _____

What method does your child respond to best? _____

Do you have any particular discipline concerns you would like us to be aware of?

Does your child have a regular babysitter other than family members? If so, please give name:

ALLERGIES

Does your child have any allergies?

YES

NO

If yes, to what? _____

What are the symptoms/effects of the allergy?

What is the treatment?

What allergies run in your family?_____

Does your child have any special medical conditions (such as eczema, epilepsy)?_____

How does your child relate: To adults? To men? To women?

Adults_____

Men_____

Women_____

Does your child have any favorite play companions or imaginary friends? Please explain.

Have there been any major changes in the family, such as medical problems, moving, divorce, etc. which may have affected your child? Please explain.

Do you have any concerns regarding your child's physical or emotional development?

Does your child have any particular fears, such as loud noises, lightening, animals, etc? Please describe.

What is your usual method of reassuring and rewarding your child?

What are some of your child's favorite activities, interests and toys?

EATING

Do you have any particular concerns about your child's eating habits/schedules?

List your child's favorite snacks:

TOILETING

Is your child trained for urine? _____ for bowels? _____

What words does your child use to describe the process (e.g. "poop")?

Does your child use an adult size toilet at home? YES NO

If your child is being potty trained, what are the methods you use and what stage is your child at in this process?

Are there any specific concerns or tips you can give us regarding your child's bathroom habits that would be helpful to us?

SLEEPING

Does your child nap at home? YES NO

At what times(s) _____ How long? _____

If your child is in attendance during room nap times, do you want your child to nap here?

YES NO For how long? _____

What is your accustomed manner of putting your child to bed (e.g. warm bottle, cold bottle, no bottle, rocking, reading a story, singing, blanket, pacifier, toy)?

What is his/her nighttime sleeping schedule? _____

PARENT

Do you (parent/guardian) have any resources, hobbies, interests or skills you would be willing to share with the room (e.g. baking bread, playing an instrument, "tools of the trade", etc.)?

What is your (parent/guardian) occupation?

I give permission for my child to participate in field trips during operating hours. Details will be sent to me in advance of each trip.

Signature of parent or guardian

Date

Physician or medical facility:

Physician Name

Address

Telephone Number

Parental Consent:

I have had an opportunity to review the Child Development Center of St. Joseph's policies and "Wisconsin Rules for Licensing Day Care Centers."

I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Signature of parent or guardian

Date