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www.wonderschildcare.org

**FAMILY INFORMATION FORM
EARLY CHILDHOOD PROGRAMS**

Date _____

The following information is requested so we may get to know and understand your child and family.

Residence and Employment

Child's Full name _____

Nickname _____ Age _____

Birth date _____

Home address _____

How long in the Washington Area? _____ First Language _____

Language most frequently spoken at home _____

Parent/Guardian 1 Full Name _____

Address (if different from child) _____

Occupation _____

Employer _____ Hours at work _____

Employer's Address _____

Parent/Guardian 2 Full Name _____

Address (if different from child) _____

Occupation _____

Employer _____ Hours at work _____

Employer's Address _____

Family History

Describe child's relationship with Parent/Guardian 1:

Describe child's relationship with Parent/Guardian 2:

Is your child adopted? _____ Domestic or foreign adoption? _____
Does s/he know? _____ Age of child at time of placement? _____
How is adoption discussed at home? _____

Household Members

List members of the household(s) where the child lives and place a (*) beside those who have a significant role in caring for your child.

Name (as used by child)	Relationship to child
_____	_____
_____	_____
_____	_____
_____	_____

List other significant people in the child's life:

Name (as used by child)	Relationship to child
_____	_____
_____	_____
_____	_____

Family pets: _____

Developmental History

Were there any complications during the pregnancy?

Were there any unusual circumstances surrounding the birth?

At what age did your child use recognizable language? _____

At what age did your child begin walking? _____

Is your child toilet trained for bowels and urine? _____

If so, please list ages that each was achieved: _____

How frequently do accidents occur? _____

What words does your child use to describe bathroom needs?

What is your child's usual bedtime? _____ Waking time? _____

Does your child sleep through the night? _____

Does your child eat breakfast before coming to the Center? _____

What is a typical weekday breakfast? _____

Do you participate in any religious or cultural observance that might restrict your child's diet at the Center? _____ Date(s) of observance(s) this year _____

Please list any dietary restrictions during this time:

How can we support your child during these observances? _____

What are your child's favorite foods? _____

favorite books? _____

favorite activities? _____

favorite toys? _____

Does your child watch TV? _____ How many hours per day? _____

What are his/her favorite shows? _____

Describe behavior management methods used at home:

What helps when your child is upset? _____

What do you think your child's strengths are?

What areas of your child's development do you think need to be strengthened?

School and Care Background

Explain previous nursery school or child care arrangements:

Please share any pertinent observations of teachers or caregivers:

Describe behavior management methods previously used at nursery school or child care:

List any developmental, speech, language, hearing, sight or physical and therapy/treatment plans:

What are your goals for your child this year?

Is there anything else you would like us to know to better care for your child?

We look forward to working with you and your family.
Thank you!

02/2010