

Describe any family circumstances that have a significant impact on your child's development (i.e. illness, separation, death, divorce, change in home, adoption/foster, etc.)

Has your child been cared for by anyone other than a family member? Yes No

Currently or previously in childcare or preschool program? Yes No

Name of program/ contact:	Phone:
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If yes: Family/home-based program or center/school based

Parent or caregiver present with child during program Yes No

Is your child comfortable in group settings? Yes No

Is there anything we should know about how your child plays with other children or on their own? Any preferences or concerns?

Is your child on a special diet?

Vegetarian Vegan No Pork Other

Is your child toilet trained: Yes No

Any specific routines for training?

Words used for toileting?

Wake time:

Naps:

Time to bed:

Sleeps through night? Yes No

What kind of activities does your child enjoy? Any activities they avoid?

How would you describe your child's temperament and/or personality?

Does your child have a comfort object (blanket, toy, book, pacifier, etc.)?

Is your child afraid or frightened by anything in particular?

How do you know if your child is upset?

What works to comfort your child?

What approach works best for your child to set limits?

How does your child handle transitions and/or new situations?

How does your child deal with separation?

Was your child born at full term? Yes No **If no**, how many weeks?

Birth History:

Were there any complications with pregnancy or birth? Yes No

If yes, please explain:

Any Medical Diagnosis?

Do you have any concerns about your child's development? Yes No

Hearing Self-care Fine Motor Cognitive

Vision Social Gross Motor Attention

Play Communication Articulation Other:

Has your child ever received Early Intervention or therapy/support services? Yes No

If yes, please explain:

What are your goals for your child in preschool this year? (i.e. social, emotional, physical)

What are your expectations for The Children's Way and The Children's Way staff members?

Is there any other information you would like us to know about your child?

Are you interested in becoming a room parent?

Form completed by:

Relationship to child:

(Print):

(Signature):

Date: