



Child's Name: _____

Does your child have a nickname? Yes No If Yes, what is it? _____

Name of school: _____

School address: _____ Phone number: _____

How will your child get to and from school? _____

Is a transportation company involved?(taxi, bus service) Yes No

If Yes, name of company: _____ Phone number: _____

Family

Names of brothers and sisters (include nicknames)	Birth dates	Does this sibling live in the same home as this child?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of others living in the home	Relationship to child
_____	_____
_____	_____
_____	_____

What languages are spoken in your home? _____

Does your child have any pets? Yes No If Yes, what are they? _____

Food

Describe your child's appetite: _____

What foods do you not permit your child to eat? _____

What time does your child usually eat: Breakfast _____ Lunch _____ Snack _____ Supper _____

Provide any further information relating to your child with regard to food or eating: _____

Self-Care

Does your child need any help with dressing? Yes No If Yes, identify areas of difficulty: _____

Does your child need any help with toileting? Yes No If Yes, identify areas where assistance is required: _____

Social/Emotional Development

How does your child show feelings of:

Affection _____
Worry _____
Fear _____
Anger _____
Frustration _____
Excitement _____

Is your child shy? Yes No Sometimes

With whom? _____

When? _____

Does your child enjoy:

Often

Sometimes

Never

Playing by himself? _____

Playing with younger children? _____

Playing with own-age children? _____

Playing with older children? _____

Being with adults? _____

Does your child make new friends easily? Yes No Please comment: _____

Does your child have any imaginary playmates? Yes No If Yes, please describe: _____

What activities does your child like? _____

What activities does your child dislike? _____

Is your child enrolled in any extracurricular activities? Yes No Please list: _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

Note: Personal health information may be disclosed by the facility to the Department of Learning in the course of reviewing the facility's record keeping obligations.

Date: _____ / _____ / _____
Year Month Day

Parent/Guardian signature

