



Child History (Preschool only)

Your child's care is a shared responsibility. To meet your child's needs, the TPCDC teachers would like to have a better understanding of your child's developmental history and family culture. All information is confidential and made available only to your child's primary caregivers. Please help us by completing this form in detail and use the last page to elaborate more on any question.

Family Information

Date Completed

Name of Child

Date of Birth

Current Age of Child

Sex

Pronouns

Race (Check all that apply.)

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Pacific Islander
- Asian
- White
- Other (specify):

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Parent/Guardian #1

Parent/Guardian #2

Custody/Visitation Arrangements
All legally enforced custodial orders must be submitted with the child's records.

Sibling Names and Ages

Other Household Members and Relationships to Child

What languages are spoken at home?

Are there special words we should use to communicate with your child? No Yes, describe:

Developmental & Health History

How would you describe your child's overall health?

Does your child have a chronic illness or a medical condition which would impact their participation in our program? *If so, child must have an Individualized Treatment/Care Plan Checklist for Specialized Services.* No Yes, describe:

Does your child have an IEP/IFSP or receive early intervention services? *If so, please provide a copy to the Center.* No Yes, describe:

Does your child have a physical disability or limitation? No Yes, describe:

Does your child run high fevers easily? No Yes, describe:

Does your child have any non-food allergies? *If exposure to the allergy requires treatment, child must have a completed Allergy and Anaphylaxis Medication Administration Authorization Form.* No Yes, describe:

Does your child have asthma? *If so, child must have a completed Asthma Action Plan and Medication Administration Authorization Form.* No Yes, describe:

Does your child require medication during the school day? *If so, child must have a completed Medication Authorization Form.* No Yes, describe:

Do you have concerns about your child's speech? No Yes, describe:

Do you have other concerns about your child's physical growth or development? No Yes, describe:

Do any of these special needs require special care by our teachers? No Yes, describe:

If your child has special needs, what programs or individuals work with your child in regards to their special needs? *If so, child must have a completed Release of Information Form.*

Sleep Habits

Does your child nap? No
 Yes, for how many hours?

What time does your child generally go to sleep at night?

What time does your child generally wake up in the morning?

Upon awakening, what is your child's usual mood?

Does your child have a special item to sleep with? No Yes, describe:

Eating Habits

What are your child's favorite foods?

What foods does your child dislike or refuse?

How would you describe your child's appetite? Healthy
 Picky
 Varies

Does your child have eating difficulties? No
Yes, describe:

Does your child have any dietary restrictions? *If so, child must have a completed Diet Modifications Form..* No
Yes, describe:

Does your child have any food allergies? *If so, child must have a completed Diet Modifications Form and an Allergy and Anaphylaxis Medication Administration Authorization Form.* No
Yes, describe:

Toilet Habits

Is your child fully potty trained? No
Yes

What does your child wear during the day? Diapers
Pull-ups or training pants
Underwear

What does your child wear while sleeping? Diapers
Pull-ups or training pants
Underwear

What word does your child use for urination?

What word does your child use bowel movement?

Can your child indicate toileting needs? No Yes Needs assistance

If trying to use the potty regularly, does your child have frequent toileting accidents? No Yes N/A

If trying to use the potty regularly, does your child wet the bed during sleep? No Yes N/A

Does your child fear the toilet? No Yes N/A

Social Relationships

How would you describe your child? (Check all that apply.)

- Friendly
 - Shy
 - Expressive
 - Quiet
 - Active
 - Challenging
 - Other:
-

What makes your child happy?

What make your child upset or angry?

How does your child show their feelings?

Has your child had experience playing with other children?

- No Yes
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What age group does your child prefer to play with?

How does your child prefer to play? (Check all that apply.)

- By themselves
 - In a small group
 - In a large group?
-

Does your child know other children at the Center?

- No
 Yes, names:
-

How do you feel your child will adjust to the program?

Does your child have difficulty with separation from you?

- No Yes
-

How does your child interact with other children and adults?

What do you think will happen the first day you leave your child with us?

Describe any fears your child may have.

Personal History

Briefly describe your child’s personality, abilities and interests.

Describe some activities your child enjoys at home.

What discipline approach is used at home?

What hopes do you have for your child at the center, or list aspects of ways we can support your child and family?

In Social Relationships?

In Emotional Development?

In Physical Development?

In Cognitive and Intellectual Growth?

In Other Ways?

Your Child In Care

Has your child been in an early learning or child care program before? If yes, please provide any records you have from the program.

No

Yes, What type of Care? Where? When? For How Long?

Is there a reason for leaving the program you would like to share with us?

Is there any information about your family’s culture, ethnicity, language or religion that is important for us to know?

Would you and/or your family like to be a resource for cultural awareness activities?

If you are willing to be a volunteer in our program, please list talents or interests you would like to share with the Center.

Do you have any questions about the Parent Handbook?

No

Yes, list:

Do you have any questions about the program,
curriculum or facility?

Any additional Information you'd like to provide about your child?

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