

Child History



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

Name of Child _____ Date of Birth _____

Date Completed _____ Current Age of Child _____

Ethnicity/Race of the child (please select one or more below):

- Hispanic/Latino of any race,
- American Indian or Alaska Native,
- Asian,
- Black or African American,
- Native Hawaiian or Other Pacific Islander,
- White, or
- Two or more races.

Parent Guardian #1 _____ Email: _____

Parent Guardian #2 _____ Email: _____

Custody/Visitation Arrangements _____

(all legally enforced custodial orders must be submitted with the child's records)

Sibling Names and Ages _____

Other Household Members & Relationship to Child _____

What languages are spoken at home? _____

Are there special words we should use to communicate with your child? _____

Developmental & Health History

How would you rate your child's overall health? _____

Does your child have a chronic illness or a medical condition which would impact their participation in our program? No Yes, describe _____

(If yes, child must have a completed Care Plan)

Does your child have an IEP/IFSP or receive early intervention services? No Yes _____

(Please provide a copy to the Center)

Does your child have a physical disability or limitation? No Yes _____

Does your child run high fevers easily? No Yes _____

Does your child have allergies? No Yes _____
(If yes, child must have a completed medical care plan)

Does your child have asthma? No Yes _____
(If yes, child must have a completed Asthma care plan)

Do you have concerns about your child's speech? No Yes _____

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

Do any of these special needs require special care by our teachers? _____ If so, please describe: _____

What programs or individuals work with your child in regards to their special needs? _____

(If yes, please sign a Release of Information so they can inform us about how to provide enhanced support to your child)

Sleep Habits

Does your child nap? No Yes, for _____ hours.

The child normally sleeps at night from _____:_____ p.m. to _____:_____ a.m.

Upon awakening, the child's mood generally is: _____

Does your child have their own room? No Yes.

A special item to sleep with? _____

Eating Habits

What are your child's favorite foods? _____

What foods does your child dislike or refuse? _____

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

Does your child eat with their hands or utensils?

Does your child have eating difficulties? No Yes _____

Does your child have any dietary restrictions? No Yes _____

(If yes, child must have a completed food substitution form)

Toilet Habits

Is your child fully potty trained? No Yes (if No, complete below)

What word does your child use for urination? _____ Bowel Movement? _____

Can your child indicate toileting needs? No Yes Needs assistance

Does your child have frequent toileting accidents? No Yes Wet the bed during sleep? No Yes

Fear the toilet? No Yes

The child wears diapers pull-ups or training pants under-wear

Social Relationships

Describe your child's relationship to others _____

Describe some activities your child enjoys at home _____

Would you describe your child as friendly shy aggressive withdrawn other _____

What makes your child happy? _____

What would make your child upset or angry? _____

How does your child show their feelings? _____

Has your child had experience playing with other children? No Yes _____

What age group does your child prefer to play with? _____

Does your child prefer to play by themselves in a small group or a large group?

Does your child know other children at the Center? No Yes _____

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

Does your child have difficulty with separation? No Yes _____

Does your child relate well to other adults? No Yes _____

How did 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 _____

Tell us about your child's favorite toys, games _____

What discipline approach is used at home? _____

What expectations or goals 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? _____

Does your child have a different sleeping/mealtime/ activity schedule in another setting (babysitter, relative/neighbor care/school)? _____

Your Child In Care

Has your child been in an early learning or child care program before? _____ If yes, would you share some information with us (What type of Care? Where? When? For How Long?) _____

(If yes, please provide any records you have from the program)

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? _____

Are you 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? _____

What times are best for you to come in for parent conferences or to reach you? _____

Are there other ways we can improve communication with you about your child's experiences? _____

Do you have any questions about the parent handbook? _____

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

Additional Information: _____
