

EHMKE'S CHILDHAVEN PRESCHOOL

CHILD AND FAMILY HISTORY

WE APPRECIATE YOU FILLING OUT THIS FORM. IT WILL HELP US BETTER UNDERSTAND YOUR CHILD AND THEREFORE WILL HELP US TO BETTER TAKE CARE OF THEM WHILE THEY ARE HERE.

CHILD'S NAME _____ CHILD'S BIRTHDATE _____ FORM COMPLETED BY _____

MOTHER (GUARDIAN) NAME _____ FATHER (GUARDIAN) NAME _____

IS THE CHILD ADOPTED? ____ IF SO, AT WHAT AGE? ____ DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? _____

MARTIAL STATUS OF PARENTS OR GUARDIANS: MARRIED ___ DIVORCED ___ SEPARATED ___ SINGLE PARENT ___ GRANDPARENT ___

CUSTODY OR VISITING ARRANGEMENTS _____ WHEN DID THESE ARRANGEMENTS START? _____

SIBLINGS: NAME _____ AGE ____ NAME _____ AGE ____ NAME _____ AGE ____

WHO IS IMPORTANT TO YOUR CHILD? _____ HOW DO YOU COMFORT YOUR CHILD? _____

DOES YOUR CHILD PREFER TO PLAY: (CHECK ALL THAT APPLY) ALONE ____ WITH OTHER CHILDREN? ____ WITH OTHER ADULTS? ____

HAS YOUR CHILD HAD ANY PREVIOUS GROUP EXPERIENCES? (IE SCHOOLS, SUNDAY SCHOOL...)_ _____

DOES YOUR CHILD SHARE A ROOM? Y N IF SO, WITH WHOM? _____ DOES HE/SHE SLEEP THROUGH THE NIGHT? Y N

DO YOU HAVE ANY PETS? IF SO WHAT & THEIR NAMES _____

YOUR CHILD'S FAVORITE TV SHOWS _____

YOUR CHIL'S FAVORITE BOOKS _____

YOUR CHIID'S FAVORITE FOODS _____

YOUR CHILD'S FAVORITE TOYS _____

YOUR CHILD'S FEARS, IF ANY _____

HOW DOES YOUR CHILD REACT WHEN: SOMETHING UNEXPECTED HAPPENS? _____

HE/SHE IS SCARED? _____ SOMETHING HAPPENS HE/SHE DOESN'T LIKE? _____

WHAT IS IMPORTANT TO YOU ABOUT YOUR CHILD'S CARE? _____

WHAT WOULD YOU LIKE TO SEE YOUR CHILD GAIN BY BEING IN OUR CENTER? _____

ARE THERE ANY SPECIFIC AREAS (PHICAL, SOCIAL, ACADEMIC ETC...) THAT YOU WOULD LIKE US TO SPECIFICLY FOCUS ON AND IN WHAT WAY? (THESE WILL BE USED IN YOUR CHILD'S ASSESSMENTS) _____

PARENT SIGNATURE

DATE