



Background Information Form

The center staff needs your help to understand and plan for your child. Please fill out the following form and return it to the center before enrollment.

Date _____ Email: _____

Child's Age _____ Child's Birthday _____
Month Date Year

Child's Name: _____ Sex: M ___ F ___
Last First Middle

Child's Preferred Name: _____
(First Name, Middle Name or Nickname)

Complete Address: _____
Physical Address

City: _____ State: _____ Zip: _____

Admission Date: _____ Termination Date: _____

Help Us Get to Know your Child

Family Members (brothers, sisters, grandparent's etc.) living at home:

Name	Age	Relationship	Indicate Name used by Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other members of the family (grandparents, aunts, uncles, etc.) living in the community:

Name	Age	Relationship	Indicate Name used by Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All about Your Child:

Has your child had any previous school experience? _____

If yes, please give name and type of school _____

Length of the attendance: _____

Does your Child take a nap _____?

If yes, Morning _____ Afternoon _____

How many hours does your child sleep at night? (Approximately) _____

Is your child toilet trained? _____ Does your child use any special words for toileting? _____

If yes, Please state: _____

Describe your child's appetite:

Always hungry _____ never hungry _____ snacks _____ snacks all day _____

Eats at mealtime _____ has to be coaxed to eat _____

Are there any foods your child may not or cannot eat? (Due to allergies, religious customs, etc.) _____?

If yes, please list: _____

Are there any foods your child dislikes? _____ if yes, please list here: _____

Child's Special Interests: Singing _____ Painting _____ Stories _____ Trucks _____

Pet's _____ Music _____ Outside Play _____ Coloring _____ Other _____

Is your child **generally**:

Cooperative _____ Shy _____ Competitive _____ Happy _____

Aggressive _____ Sensitive _____ Submissive _____

Angry _____

Your child usually does what is asked of him/her? _____

Your child seldom does what is asked of him/her? _____ Whines? _____

List other behavior characteristics of your child.
