

# Tell us about your child...

My Name is: \_\_\_\_\_

We would like to take this time to welcome you and your family to our childcare program.

Please take a few moments to answer the following questions about your child. This form offers you a private arena in which to share your child's fears, anxieties, strengths or any other information that you would like us to know. Your input is welcome, as it will help your child's teachers to develop strategies and techniques for creating a safe, friendly environment for your child.

## Recent changes in my life...

List any recent changes. This may include the death of a loved one, moving from another city or into a new home, divorce, marriage, or any other important information that may be affecting your child.

NONE

## My child care history...

Has your child ever been previously enrolled in child care?      yes      If yes, please complete the rest of this section.  
no      If no, please skip to next section

Name of previous child care provider:

Reason for leaving:

Has your child ever been suspended, expelled or asked to leave another child care facility?      yes      no  
If yes, please give a brief explanation:

## My social development...

Is your child used to being cared for by someone other than a parent or family member?      yes      somewhat      no

Does your child have older / younger siblings?      yes      no

Does your child have frequent interaction with children their own age?      yes      no

Have you ever had a problem with your child biting or physically harming others?      yes      no  
If yes, briefly explain what form of corrective action was taken:

Was this action successful?

## Things to know about my personality...

My fears are:

I usually have warning signs that occur prior to me getting upset, they are:

When I'm upset I normally:

The best ways to calm or comfort me when I am afraid or upset are:

### Some of my favorite things to do are...

Indoor play:

Outside activities:

Favorite toys/movies:

### My self care...

**Dressing myself:**     independent     need some assistance     will need my teacher to teach me

**Feeding myself:**     independent     need some assistance     will need my teacher to teach me

**Toileting skills:**     independent     need some assistance     will need my teacher to teach me

**I currently wear...** (circle one)

Diaper

Pull-ups

Underwear

### My sensory challenges...

**Sounds:** I usually...     avoid     seek     no concern

Comments: (example: I like to scream, loud microphones hurt my ears)

**Smells:** I usually...     avoid     seek     no concern

Comments: (example: the smell of pickles, flowers make me sick, or I seek the smell of \_\_\_\_\_)

**Touch:** I usually...     avoid     seek     no concern

Comments: (I like the feel of \_\_\_\_\_, I don't like the texture of \_\_\_\_\_)

**Taste:** I usually...     avoid     seek     no concern

Comments: (example: I only eat certain foods, or like to put \_\_\_\_\_ in my mouth)

**Visual:** I usually...     avoid     seek     no concern

Comments: (I don't like bright lights, I don't like my picture being taken)

### Some other important information you should know about me is...

(example: any specific routines or rituals that are important to my day that if altered may cause me some difficulties)