

Child Information

Child's name: _____ Birth date: _____

Place of birth: _____ Home Language: _____

Does your child have a nickname? _____

Parent's name: _____ Parent's name: _____

Place of birth: _____ Place of birth: _____

Occupation: _____ Occupation: _____

Are there any other family members and pets living in the household? (List names and relationship to child): _____

Please list previous child care/group setting experiences your child has had: _____

How would you describe your child (shy, outgoing, etc.)? _____

How does your child respond to unfamiliar people? _____

What are your child's favorite activities? _____

How well does your child separate from you? What has worked in the past to help with separation & transition into a child care setting? _____

Does your child generally take a nap? _____ How long? _____

Does your child have a special "lovey"? _____

If developmentally appropriate, does your child use the toilet? _____

Medical Information

Does your child experienced a serious illness and/or been hospitalized? _____

Are there any known allergies? Please describe: _____

Does your child have any other special needs the staff should be aware of? _____

Does your child take medication regularly? Please explain what type of medication and conditions requiring it, as well as potential reactions. Will it be necessary to administer during the day at Whistle Stop? _____

Family History

Have you recently moved? Please describe. How old was your child? _____

If single, divorced or remarried, what are the custody or visitation arrangements? _____

Are there any court orders prohibiting anyone from visiting and/or picking up your child? Please explain (we need a copy of court order for our files) _____

Does your child have any food restrictions, either on a daily basis or during certain times of the year (i.e. Lent, Passover) _____

Do you have any celebration restrictions (i.e. Birthday, July 4th)? _____

Are there any cultural practices or family celebrations you would like us to know about? _____

What are your expectations for your child while attending Whistle Stop _____

Is there any other information you would like us to know to provide the best care for your child? _____

For NAEYC Accreditation records we are asked to report on the next few questions. These answers are optional and kept confidential to Whistle Stop Staff.

Race _____

Religion _____

Cultural Practices_____

Family Structure_____