

Child's

Name _____ DOB _____ M or F _____

Family Information

You can help us plan for your child's needs, understand concerns and responses, and to support and encourage your child if you provide the following information. This information will remain confidential, and we hope you will update it when needed.

Name of Parent#1 _____

Home address _____ Zip Code _____

Home phone _____ Business Phone _____ Mobile phone _____

Name of Parent#2 _____

Home address _____ Zip Code _____

Home phone _____ Business Phone _____ Mobile phone _____

Parent#1 Email: _____ Parent#2 Email: _____

Are you members of St James UMC? _____

Marital status of parents:

_____ married, living together _____ separated
_____ divorced If divorced, please describe custody and visitation agreement for the child.

Other children and adults in your household:

name	age	Relationship to child

Other significant persons in your child's life (stepfamilies, grandparents, babysitters, and so forth).

name	age	Relationship to child

Does your child have a pet? Please list animal(s) and name(s):

Have there been births, deaths, adoptions, or other changes in the family structure which affected your child? If so, describe briefly what happened and the effect on your child.

Tell us briefly how you explained this event to the child.

What opportunities does your child have to play with other children?

Neighborhood
 Sunday school / church
 cousins / other family
 nursery school or other classroom experience
 other (pls. specify) _____

What are your child's favorite play activities?

Do you consider your child hard to manage or easily managed?

What methods of discipline have you found most effective?

What fears does your child have? How are they expressed?

What do you and your child enjoy doing together?

What trips, vacations, or other family experiences are remembered with the most pleasure?

What special happening is your child apt to tell us about?

How much television does your child watch each day?

What are his/her favorite programs?

How much sleep does your child require daily?

Does your child nap regularly?

Usual bedtime?

What communicable diseases has your child had? Indicate date or age.

Chicken pox _____ Scarlet Fever _____

Mumps _____ Measles _____

Impetigo _____ Conjunctivitis _____
(Pink Eye)

Does your child have frequent:

____ Colds? ____ Coughs? ____ Ear infections? ____ Tonsillitis? ____ High fever? ____ Convulsions?
____ Seizures?

Has your child had serious illness, surgery, or hospital stay? If so, please describe condition and child's reactions.

Does your child have any abnormality of skin? Glands? Extremities / genitalia? Nervous system? If so, please describe.

Are bowel and bladder functions regular and under control?

Has your child had a vision test?

Results:

Has your child had a hearing test?

Results:

Has your child had regular dental check-ups?

Any dental problems?

Is your child taking any regular medications?

If so, describe.

Does your child have allergies?

If so, to what substances?

How are allergies manifested? (Hay Fever? Stomach upset? Other?)

Does your child have any dietary restrictions?

If so, please describe.

Is this because of allergy, family preference, medical needs, religious/cultural requirements, other?

Describe your child's eating habits:

Likes lots of foods

Eats only at mealtime

Eats only a few foods

Snacks all day

Describe your child's overall health.

Church / religious affiliation:

What is the primary language in your household?

If your primary language is not English, is there someone who can interpret for you?

Interpreter's name: _____ Phone: _____

Are there special holidays that your family celebrates? Please describe your celebrations.

The Learning Center will celebrate Christian holidays, such as Thanksgiving, Christmas, and Easter. Do you have any objection to your child's participation in these celebrations?

Are there any foods your child cannot eat for religious/cultural reasons?

What hopes and expectations do you have for your child from our program?

Please give any additional information you think might be important for us to have.