

List any other adults in the family living at home and their relationship to your child (grandparents, aunts/uncles, nannies, etc.)

What was the first language your child spoke? _____

What is the primary language spoken in your home? _____

What language(s) other than English are spoken in your home? _____

School/Group Experience

Has your child had other group experiences with young children? Yes _____ No _____

If yes, please list (library, swim classes, play groups, etc.):

Will your child be attending another school while attending the Early Childhood Center?

If yes, please indicate the name of the school _____

Days and times _____

Medical Information and Religious Restrictions

Is your child allergic to any foods? No _____ Yes (please list) _____

(If child requires any medication(s) to be administered during school or an EpiPen, please have your child's Physician complete the Emergency Health Care Plan form and provide prescription for medication(s) required.

Are there any foods to be avoided in school, either due to allergy or religious restrictions? Please specify.

Does your child have any other allergies (for example, bee stings)? No _____ Yes (please list) _____

Behavioral Information

Does your child have any particular fears? Please describe. _____

Unless there is a documented, pre-existing medical condition, all ECC children must be fully toilet-trained and able to care for their toileting needs independently.

Is your child toilet-trained? Yes _____ No _____ Training in Process _____

How does your child express his/her need to use the bathroom? Please write word your child will say for:

Urinate _____ Bowel movement _____ Vomit _____

Have you left your child in another's care? No _____ If yes, who?

Grandparent _____ Relative _____ Adult friend/neighbor _____ Teen babysitter _____

Does your child have any difficulties separating from parents/guardians? Yes ___ No ___ Sometimes ___

How does your child act when you leave him/her? Cries _____ Withdraws _____ Tantrum _____

Other (specify) _____

Does your child have any particular habits or mannerisms such as thumb-sucking, nail biting, etc.? _____

Does your child have any speech difficulties? No _____ Yes - please describe _____

Interests of Child and Family

In the interest of learning about the cultural diversity of our community, we encourage family members to share aspects of their cultural heritage with their child's class. Some examples include holiday traditions, foods, costumes, dance, music/musical instruments, language, and story telling. Would you be interested in sharing your family's culture with your child's class at school? Yes ___ No _____

What is your family's cultural background? _____

If you speak a language other than English, would you be willing to help us communicate with non-English speaking ECC families who speak your language? Yes ___ No ___ Language _____

Thank you for completing this form and providing us with this important information about your child and family. We look forward to your participation in the Early Childhood Center.