

CHILD'S BACKGROUND

Child's Name _____ Nickname _____

Names and Ages of Children in Family

Name _____	Age _____	At home? (Yes/No)
Name _____	Age _____	At home? (Yes/No)
Name _____	Age _____	At home? (Yes/No)
Name _____	Age _____	At home? (Yes/No)

Are there any other people living in the home? (Grandparents, uncles, aunts)

Name _____	Relationship _____
Name _____	Relationship _____

Marital Status: Married _____ Single _____ Divorced/Separated _____ Widowed _____

In which house does your child reside? _____

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

Child's Bedtime _____ Time Awake _____

Has your child had any previous play/group experiences? (Yes/No)

If yes, what kind? _____

Was it a positive experience? Yes _____ No _____

If not, please explain _____

How would you describe your child's personality and temperament (e.g., easy going, happy, shy, quiet, active, etc.) _____

How do you discipline your child at home? _____

Does your child have any particular fears, such as loud noises or certain animals? Please describe _____

What do you do to comfort your child? _____

What are some of your child's favorite activities, interests and toys? _____

Do you have any concerns of which you would like us to be aware? _____

List any special need your child may have while spending time at the Center.
