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| HISTORY & BACKGROUND: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | |  | | | |
| *Optional information if your child was adopted:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s age when he/she joined your family: | | | | | | | | | | | | | |  | | | | | | | | | Country of birth: | | | | | | | | | | |  | | | | | |
| Any complication at birth? | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age child began sitting: | | |  | | | | | crawling: | | | | | | |  | | | | | | walking: | | | | | | |  | | | | | | | | | talking: | |  |
| Any speech difficulties? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does child suck thumb or use a pacifier? | | | | | | | | | | |  | | | | | | | | | | | | | When? | | | | | | |  | | | | | | | | |
| Special words used to describe needs: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any serious illness and/or hospitalizations? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any limiting physical conditions? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Allergies (i.e., asthma, hay fever, insect bites, medicine, food) and typical reaction: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Regular medications: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does your child wear diapers? | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there frequent occurrence of diaper rash? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has toilet training been attempted? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe any procedure you would like to be used for your child while at Lesley Ellis School: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How does your child indicate bathroom needs (special words)? | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Is your child ever reluctant to use the bathroom? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have any regular pattern of diarrhea or constipation? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Does your child have any favorite foods? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child refuse any foods? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any special eating habits or practices? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does your child nap during the day? | | | | | | | | |  | | | | | | | | | | | | | | | | | Typically how long? | | | | | | | | | | | |  | |
| When does your child typically go to bed at night? | | | | | | | | | | | | | | | | | |  | | | | | | | | Wake in the morning? | | | | | | | | | | | |  | |
| Any special sleep needs (i.e., stuffed toy, blanket)? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Child’s usual mood upon awakening? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have any favorite toys or activities? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Does your child have any consistent fears (i.e., dark, animals, loud noises)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| How do you comfort your child? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What is the method of behavior management/discipline used at home? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| How would you describe your child’s interaction with other children? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| How would you describe your child’s reaction to strangers? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| How often does your child play alone? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What activities does he/she enjoy doing alone? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| What previous child care/school experience has your child had? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| What would you like your child to gain from this child care/school experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Is there anything else about your child or family which you feel would be helpful for the personnel at Lesley Ellis to know in order for us to provide a nurturing and supportive environment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Parent’s/Guardian’s Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | |  | | | | |