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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: |  |