

Family-Centered Child Care

Personal Family Record

ABOUT OUR CHILD:

Name: _____
First Middle Last

Nickname: _____ Birth date: _____

With whom does your child live? Mother ☐ Father ☐ Other _____

Child's Brother's Names (living with Child): _____

_____ Ages: _____

Child's Sister's Names (living with Child): _____

_____ Ages: _____

Brothers not living with child: _____ Ages: _____

Sisters not living with child: _____ Ages: _____

Does your child sleep through the night? _____

What times does your child go to bed at night? _____ Get up in the morning? _____

Does your child nap? _____ Normally how long is his nap? _____

Does your child have any special fears? _____

Does your child have any special needs? _____

Has your child ever had any diagnostic testing for a behavior or learning difficulty or developmental delay? _____

Describe your child's appetite: _____

Child's favorite foods are: _____

Foods your child dislikes: _____

Does your child have any allergies? _____ Please list: _____

How many hours of TV does your child watch? _____

Favorite shows: _____

Do you read to your child regularly? Yes ☐ No ☐

Child's favorite play activities: _____

Describe your child's interactions with other children in a play setting: _____

Child's favorite activity with Mom: _____ Dad: _____

Grandparents: _____ Other: _____

Please list past child-care arrangements and your child's reaction and adjustment to the setting:

Why do you want your child in a child-care setting at this time? _____

How does your child customarily react when separating from you? _____

Why did you choose our center? _____

ABOUT OUR FAMILY:

	Mom	Dad	Stepparent(s)
Name:	_____	_____	_____

Occupation:	_____	_____	_____
-------------	-------	-------	-------

Employer:	_____	_____	_____
-----------	-------	-------	-------

What relatives live close by? _____

Three things our family enjoys doing together are: 1. _____

2. _____ 3. _____

Three wishes I have for my child are: 1. _____

2. _____ 3. _____

Two family rules are: 1. _____ 2. _____

One thing we have the most trouble with is: _____

When our child does not do what we want him/her to do, we usually: _____

When our child does not get his/her way, he/she will (circle all that apply):

Cry

Pout

Withdraw

Throw a tantrum

Hit something/someone

Talk about it

Other: _____

In what particular way can we help guide your child this year? _____

Did your child experience a normal birth delivery? Yes ☐ No ☐

If "no," describe any complications: _____

If adopted, what age was the adoption? _____

Please list traditions important to your family: _____

What special holidays does your family celebrate? _____

Are there favorite cultural materials or celebrations that you would be willing to share with the class/center? Please list: _____

What types of materials do you enjoy reading?

Magazines: _____ Professional journals: _____

Newspapers: _____ Books: _____

Please circle response:

yes/no There has been a divorce in our family. My child has contact with the non-custodial parent _____ times a month.

yes/no There are restrictions with the non-custodial parent of which the school should be aware of. Please explain: _____

yes/no We have moved since our child was born. List places: _____

yes/no Our family includes a pet. Name of pet: _____

yes/no We would be willing to share our hobby/talent with the class. List hobbies/talents:

Mom: _____ Dad: _____

Stepparent: _____ Grandparent: _____

yes/no Our family speaks English at home. List other languages spoken: _____