

CHILD AND FAMILY HISTORY



In order to understand and best meet the needs of the children attending Cherry Preschool, we ask parents/guardians to complete this form. The information you provide is strictly confidential and **will not be shared with any person, agency, or school without your written permission**. Thank you for the time and thought that this form requires.

Today's date _____ Date of initial enrollment at Cherry Preschool _____

Child's Name _____ Date of birth _____

Street Address _____ City _____ Zip _____

Home/primary phone (for class list) (_____) _____

Preferred e-mail (one/family) _____

Please complete for both parents/guardians, if appropriate:

Parent/guardian name: _____	_____
Date of birth: _____	_____
Occupation: _____	_____
Employer's Name: _____	_____
Business Address: _____	_____
_____	_____
Work phone: (_____) _____	(_____) _____
Cell phone: (_____) _____	(_____) _____
Former occupations: _____	_____
Interests, hobbies: _____	_____

<u>SIBLINGS:</u>	<u>Name</u>	<u>Date of Birth</u>	<u>School/Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY AND DEVELOPMENTAL HISTORY

Please answer the following questions, sharing as much information as you feel comfortable. This information helps us to understand and validate each child's experience. Cherry Preschool respects the diverse composition of its families and is committed to protecting each family's right to privacy. Whatever you share with us here is confidential and will not be shared with others.

What holidays does your child celebrate?

How would you describe your child's cultural/ethnic/racial heritage?

What are the religious preferences of parents/guardians (*optional*)?

We invite families to share their traditions, customs, holidays (e.g.: stories, music, dress, how you celebrate a special holiday) with their child's class. Please indicate what you would feel comfortable sharing.

Does either parent/guardian travel for business purposes? _____ If yes, how often:

If parents are divorced or separated, please indicate when this took place: _____

◆ If parents share custody, what are the living arrangements for the child?

◆ If parents do not share custody:

Who is the custodial parent? _____

Name/Address of non-custodial parent: _____

How much time does the child spend with the non-custodial parent? _____

Who cares for your child when parents/guardians are not home? _____

How many hours/week? _____

How long has this person cared for the child? _____

Has there been any change in the person or arrangement in the past year? _____ If yes, please describe:

Does your child receive support services/therapies in any area of development or have any special needs that have been identified (i.e.: speech and/or language delays; physical disabilities; developmental delays; motor or sensory integration issues; social/emotional/behavioral difficulties)? If yes, please describe briefly:

Does your child have a sibling with an identified special need? If yes, briefly explain:

Are there any areas of your child's development that you would like us to observe (e.g.: speech/language development; fine and gross motor skills; learning skills; social/emotional/behavioral skills)? If yes, please explain briefly:

Please share any other family situations that would be helpful for your child's teacher to know:

(e.g.: adoption of child/sibling, separation/divorce, blended family, recent/pending move, recent death/loss, foster care arrangements, etc.)

MEDICAL HISTORY

Was your child a full-term baby? _____ If not, how many weeks? _____

Please describe any special factors concerning pregnancy or delivery. (Answer in terms of biological/birth parent if your child joined your family through adoption or is in your foster care.)

Please describe any special circumstances in your child's early development (e.g.: extensive hospitalization, prolonged separation from primary caregiver, change of custody).

Is your child subject to colds? ____ Ear infections? ____ Strep? ____ Sinus Infections? ____ Bronchitis? ____

If yes, how often? _____

Does your child have non food-based allergies (e.g. hay fever, pet dander, dust, mold, etc.)? _____

If yes, please explain: _____

Does your child have any **non-medical** dietary restrictions (i.e.: religious, philosophical, or parental preferences) you would like us to observe (i.e. kosher, vegetarian, vegan)? Please be sure to share this information with your teacher at your child's pre-visit in September.

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, WE WILL MAIL YOU AN ADDITIONAL PACKET THAT MUST BE COMPLETED BY YOU & YOUR CHILD'S PHYSICIAN & RETURNED BY JULY 15.

Does your child have asthma? _____

Does your child have food allergies that require a special diet? _____

Does your child have a serious medical condition that may require monitoring or special treatment at school (e.g. diabetes, cystic fibrosis, seizure disorder, cancer)? _____

Is your child taking medication that will need to be administered at school? _____

Has your child had any serious illnesses, operations, accidents, or hospital stays? _____

If yes, please explain: _____

Are there any health factors which you would like us to observe?

Please share any other health factors which would be helpful for your child's teacher to know:

BEHAVIOR AND DISCIPLINE

What do you see as your child's strengths?

What does your child like to do most?

Please share anything about your child's behavior that may be difficult for you or others to manage.

Has your child exhibited difficulty separating from you? Adapting to new situations? Do you anticipate your child will have separation issues at the beginning of the school year?

Please share any specific situations in which your child becomes tense, afraid, or angry.

In general, how do you limit or discipline your child?

Describe how you see your child in terms of independence or wanting/needing help with things such as dressing, washing, toileting, problem solving.

ADDITIONAL INFORMATION

• TOILET TRAINING:

Is your child toilet trained except for occasional accidents? _____

If the process was/is difficult or has been started and then stopped, please explain:

What words does your child use when s/he needs to use the bathroom?

Is there anything about your child's toileting habits which the teachers should know?

• SLEEPING:

Does your child take a nap? _____

What hours? _____

What is your child's usual bedtime? _____

What time does your child awaken? _____

Does your child go to sleep easily? _____

Sleep through the night? _____

If not, please explain: _____

• **GROUP EXPERIENCES:**

Is your child enrolled/participating in another preschool/daycare program?

Name/address of program or day care home _____

Days/hours of attendance _____

Please share any previous experience(s) your child has had in playgroups, preschool, day care, camp, Sunday school:

Group experience

Where

When

Was a parent/guardian included in any of these experiences? _____

If yes, please explain: _____

What do you hope your child will gain from this coming year at Cherry Preschool? Please share your goals for your child:

Who will be bringing your child to school most of the time? _____

For Transition and Parent/Child Classes: Who will be attending with your child?

• **HOW DID YOU LEARN ABOUT CHERRY PRESCHOOL? PLEASE CHECK ALL THAT APPLY:**

- Friend Internet Phone book Realtor Doctor
- Evanston Early Childhood Guide Advertising: __Pioneer Press __Chicago Parent __Other
- Referral _____ Other _____

PLEASE FEEL FREE TO ATTACH AN ADDITIONAL SHEET OF PAPER IF YOU HAVE ANYTHING ELSE YOU WOULD LIKE TO SHARE WHICH WAS NOT COVERED BY THIS FORM.

Signature of parent/guardian completing this form

Date