

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 share 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. The information you provide is strictly confidential and will not be shared with any person, agency, or school without your written permission.

Today's date _____

Child's Name _____ Date of birth _____

Name your child wants to be called at school _____

Street Address _____ City _____ Zip _____

Primary phone (for class list) _____

Please complete for both parents/guardians, if appropriate:

Parent/guardian name: _____

Email: _____

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 INFORMATION

What holidays does your child celebrate? _____

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

What languages are spoken at home? _____

If parents are divorced or separated, please share any important information regarding custody and living arrangements:

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.)

If there is a regular caregiver for your child please share that person's name, phone number, and other information regarding the schedule that would be helpful for the school to know: _____

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

MEDICAL & DEVELOPMENTAL 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).

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:

Are there any areas of your child's development that you are concerned about and 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: _____

Is your child subject to more than the usual number of any of the following illnesses? Colds ____ Ear infections ____
Strep ____ Sinus Infections ____ Bronchitis ____

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

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

Please share any health factors that would be helpful for us to know or any you would like for us to observe?

BEHAVIOR AND DISCIPLINE

What do you see as your child's strengths?

What activities 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.

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?

ADDITIONAL INFORMATION

- **GENDER IDENTITY & EXPRESSION:**

Is there information you would like to share about your child's gender expression/identity?

- **TOILET TRAINING:**

Is your child toilet trained? _____ Please share any information regarding your child's toilet training you would like the teachers to know: _____

- **SLEEPING:**

Does your child nap? _____ What hours? _____ What is your child's usual bedtime? _____

Please share any other information you would like the school to know regarding your child's sleep schedule: _____

- **GROUP EXPERIENCES:**

Please share any current or 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? _____

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

ARE YOU NEW TO CHERRY? HOW DID YOU LEARN ABOUT CHERRY PRESCHOOL?

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

Signature of parent/guardian completing this form

Date