This **Information Sheet** requests information that we feel is helpful for our teachers to provide adequate care for your child and to plan appropriate experiences. All information is confidential within the school. Please use a separate sheet of paper to provide more complete answers if necessary (please type) **Family Life**

|  |  |
| --- | --- |
| What adults live in your household? (parents, aunt, grandparent, etc.) What does your child call them?  |   |
| What other children are in the household? Include name, age and relationship to child  |   |
| What do parents do? What is the work schedule like? (Work nights? Regular schedule?)  |   |
| Are parents together? If no, what is custody agreement like (Be sure to furnish us with a copy of court documents and a calendar of custody schedule)  |   |
| Is there anything you need us to know about family life? Recent death of loved one? New blending family? New people in household recently?  |   |
| How do you handle discipline at home?  |   |

**Past Experiences**

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| --- | --- |
| What school or daycare experiences has your child had?  |   |
| What did you like or dislike about previous care?  |   |
| What other group experiences has your child had? (Sunday school, day care, library story hour)  |   |

**Routines**

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| --- | --- |
| Does your child have a regular sleep schedule? Please describe.  |   |
| Does your child have a regular mealtime schedule? Please describe.  |   |
| Is your child potty trained? What words does s/he use when they need the bathroom?  |   |
| How often do you read to your child?  |   |
| How much screentime (phone/tablet/tv) does your child have on a typical day?  |   |
| How much outdoor time does your child get in a typical day?  |   |
| Can your child take care of their physical needs? (toileting, washing hands, dressing?)  |   |
| What assistance might they require?  |   |

**Language**

|  |  |
| --- | --- |
| Does your child speak and understand English?  |   |
| What languages do family members speak and what relation are they to your child (ex: Aunt speaks Chinese)  |   |
| What languages are spoken with your child?  |   |
| Is your child learning to read/write in another language?  |   |
| If your child is learning English, what are some words in your native language that we need to know? (ex: words for bathroom, hungry, thirsty, hurt/pain)  |   |
| If you do not speak English, is there someone who can help translate? Do you need our help with language translation?  |   |

**Activities/Social**

|  |  |
| --- | --- |
| What activities does your child enjoy?  |   |
| What other children does your child play with? (playgroup, siblings, cousins?)  |   |
| How does your child interact with other children?   |   |
| How does your child react to new experiences or situations?    |   |
| In what other activities is your child currently enrolled or participating?  |   |
| Does your child have fears or things that cause distress or anxiety?   |   |

**Mealtimes/Health**

|  |  |
| --- | --- |
| Does the family sit down to meals together regularly?  |   |
| Are there food allergies or sensitivities that we need to be aware of?  |   |
| Are there other food restrictions?  |   |
| What food related concerns do you have?  |   |
| Can your child feed him/her self and drink from a cup without a lid?  |   |
| Does your child have non-food allergies? (seasonal/contact)  |   |

**School**

|  |  |
| --- | --- |
| What adjustment concerns do you anticipate when your child begins school?  |   |
| What concerns do you have about your child’s development?  |   |
| Does your child receive any support services such as early intervention services?   |   |
| Have you noticed speech, language or behavior issues you would like help addressing?   |   |
| Is there anything else you would like us to know about your child?    |   |