



Child's Background Information

Child's Name: _____

Birthdate: ____/____/____

Address: _____

Email addresses: Mother _____ Father _____

Are there languages other than English spoken in the home? _____

Mother's Name: _____ Driver's License # _____

Home Address: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Workplace: _____ Social Security # _____

Work Address: _____

Work Phone: ____ - ____ - ____ ext.: _____

Work Hours: _____

Days Working: _____

Father's Name: _____ Driver's License # _____

Home Address: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Workplace: _____ Social Security # _____

Work Address: _____

Work Phone: ____ - ____ - ____ ext.: _____

Work Hours: _____

Days Working: _____

Is either parent a police officer, firefighter, or in the military _____

Who lives in the household?: _____

Other siblings and ages: _____

Family pets and names?: _____

Are there any Legal Custodial/Visiting arrangements that we should be aware of?: (This cannot be enforced without proper legal documentation)

Is your child toilet-trained? _____

Describe any assistance needed: _____

Are there food and/or drinks your child can not have? (allergies or dental problems?)

Any health problems we should be aware of? _____ If yes, please explain _____

Does your child take any regular medication? _____ For what purpose? _____
Are there any special mental, physical or emotional needs that we should be aware of?

Has anyone other than you, the parents, consistently cared for your child?

Has your child ever been in preschool or childcare before?

If yes, was the experience positive? _____

What are your child's interests? _____
