Friends
CHILD CARE CENTER

GETTING TO KNOW YOU INFORMATION FORM

To be completed by parent/guardian prior to child's first day of attendance

Child's Legal Name	Birthdate	☐ Boy ☐ Girl
Does Child Respond to A Nickname? ☐ No ☐ Yes *Please State Nickname*		
Parent/Guardian Name		Occupation
Parent/Guardian Name		Occupation
Parents are ☐Married ☐ Single ☐ Divorced ☐ Live Apart ☐ Live Together ☐ Widowed ☐ Never Married		
Stepmother/Stepfather Name(s)		
If Child Does Not Live With Parents, Who Is Primary Caregiver?		
Primary Caregiver Relationship To Child		

Length Of Pregnancy	Child's Birth Weight
Child's Health At Birth *Please describe any health problems or concerns*	
Was Child Hospitalized For Any Length Of Time After Birth In Neonatal Intensive Care? ☐ Yes ☐ No If "YES," please describe reasons and length of hospitalization:	

List Others Living in Child's Household

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Check All Conditions/Illnesses The Child Has Been Treated For:

☐ Colic ☐ Flu ☐ Mumps ☐ Scarlet Fever ☐ Ear Infection ☐ Diarrhea

☐ Chicken Pox ☐ Rubella ☐ Measles ☐ Stomach Virus ☐Cold ☐ Headache

☐ RSV ☐ Strep ☐ Pertusis ☐ Impetigo ☐ TB ☐ Rash

Has child Ever Been Hospitalized? *(Inpatient or Outpatient)* ☐ Yes ☐ No If "YES," describe the circumstances:

Has Child Ever Had Surgery? ☐ Yes ☐ No If "YES," describe the circumstances:

Does Child Have Any Chronic Or Debilitating Illness? (Example: asthma, diabetes, etc.) ☐ Yes ☐ No (If "YES," please explain:

Does Child Take Prescription Medications? ☐ Yes ☐ No If "YES," please list:

Does Family Have Any Concerns About Child's General Health or Development? □ Yes □ No If "YES," please describe:

Describe Child's Eating Habits:

Describe Child's Personality (Example: outgoing/shy/talkative/fearful/angry/quiet, etc.)

Child's Favorite Activities:

List Former Child Care or Home Day Care Child Attended *Please include length of time and age at attendance*

Did Your Child Like Attending Child Care/Home Day Care? □ Yes □ No If "NO," please explain:

Reason For Leaving Previous Care

Are Records Available From Previous Child Care Arrangement?

Is There Any Information Or Circumstances Related To The Child, Family Composition, Previous experiences, etc., That Might Help Us Make The Transition To Or First Few Days Of Participation In Our Program Easier For Your Child?

With What Adult Does Child Spend The Most time?

Does Child Have Opportunities To Play With Opportunities To Play With Other Children? □ Yes □ No If "YES," please explain:

Are There Any Custody Issues or Visitation Arrangements That We Should Be Aware Of? *For instance, does your child have a parent that does not live in the home; does your child visit this parent, etc.?*

Does Child Live In A Smoke Free Home? □ Yes □ No Pets In The Home? □ No □Yes Describe

Is There Any Particular Aspect Of Our Program Especially Important To Your Child/Family?

Is There Any Information About Your Family's Culture, Ethnicity, and Language Or Religion That Is Important For Us To Know?

Would You Or Your Family Like To Be A Resource For Any Cultural, Awareness Activities?

Are You Interested In Volunteering For Classroom Activities or Special Events?

Are There Any Other Ways You Would Like To Be Involved?

Are There Any Talents Or Interests You Would Like To Share With Us?

Does Your Child Have Any Imaginary Friends?

Are There Any Special Problems Or Fears That We Should Know About?

Does Child Have Any Special Needs? Medical, developmental, social, mental health, etc. □ Yes □ No If "YES," please explain.

Do Any Of These Special Needs Require Special Attention By Our Teachers?

Does Your Child Have An IEP (*Individualized Education Plan*) Or IFSP (*Individualized Family Service Plan*)?

□ No □ Yes-Note: if "YES," please provide a copy of the plan so we can provide the best possible experience for your child.

What Program Or Individuals Work With Your Child/Family In Regards To Any Special Needs:

Would You Sign A Release Of Information With Them So They Can Speak With Us About How To Provide Support To Your Child?

□ Yes □ No, not at this time

Do You Have Any Special Medical or Dietary Information We would Need To Be Aware Of For Management In An Emergency Situation? (*Ex: medicine to keep on hand*)

Please Indicate Any Family Crises Or Problems That Have Occurred In Child's Household			
□ Separation/Divorce	□ Parent's New Job	□ Death of Family Member	□ Move To New Home
□ Death of Pet	□ Birth of Sibling	□ Family Member Illness	□ Custody Issues
□ Other (*describe*):			

Infant/Toddler Students: *Give Child's Age In Months For First Experiences With The Following:*			
Solid Food	Pulling Up	Sleep Through Night	Crawling
Walking	Drink From Cup	First Words	Use Spoon
Roll Over	Stand Alone	Climb Stairs	Toilet Trained

Infant/Toddler/Preschool Students		
Child's Bedtime	Problems With Nightmares? □ Yes □ No	Problems With Bedwetting? □ Yes □ No
Usual Waking Time	Sleep Through The Night? □ Yes □ No	Does Child Use A Pacifier? □ Yes □ No
Does Child Use A Comfort Buddy At Bedtime? Example: special blanket or stuffed toy □ Yes □ No If "YES," please describe:		

FCCC is required to maintain Civil Rights Compliance standards. For this purpose, we ask that you provide the following information.

Is your child: ___Black ___Hispanic ___White ___Native American ___Asian/Pacific Islander ___Other

Language used in home:

___English ___ Spanish ___Chinese (specify dialect) ___Russian ___Cambodian ___Vietnamese ___Other (specify language)

Is There Any Other Information You Would Like To Share With The Program That Would Be Helpful For The Teachers Or Which Would Be Useful In Ensuring A Smooth Transition to Care At FCCC?