

Child & Family Information Form

I. Family Information

Child's Full Name _____ Nickname _____

Sex _____ Age _____ Birthplace _____ Birth date _____

Right-handed or left-handed (*if known*) _____

Home Address _____

Primary caregiver _____ Telephone Number for Primary Caregiver _____

Preferred e-mail address(es) for correspondence with teachers _____

Mother's Full Name _____

Occupation _____

Employer Name _____ Work Phone _____

Work Days _____ Hours _____

Home Address & Phone (*if different from above*) _____

Father's Full Name _____

Occupation _____

Employer Name _____ Work Phone _____

Work Days _____ Hours _____

Home Address & Phone (*if different from above*) _____

If mother and father are separated, divorced, or a parent is deceased, please respond to the following:

When did the separation/divorce/death occur? _____

The custody arrangements for my child are as follows* _____

Please inform the VBCC office if there are changes in custody arrangements, especially as they may pertain to permissions to transport your child

Vienna Baptist Children's Center – Child & Family Information Form, page 2 of 6

My child's primary language is _____

My child's second language (if any) is _____

Additional language(s) spoken in our home is (are) _____

Religious preference(s) _____

Church/mosque/synagogue, etc. attended _____

Persons living in your household (siblings, grandparents, nanny, au pair, etc.)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Siblings of the child who live away from home full/part time

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

People who care for your child on a regular basis (grandparent, neighbor, nanny, au pair, etc.)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Pets living in your household

Name	Type of pet	Name	Type of pet
_____	_____	_____	_____
_____	_____	_____	_____

II. Child Information

Birth History:

My child is adopted: YES _____ NO _____

My child was:

Full Term ____ Premature* ____ Born past the due date* ____

*How many weeks premature or past due date? _____

Additional information about my child's infancy that teachers should know _____

Health Information:

Does your child have any known allergies? YES _____ NO _____

If YES, please note & describe all allergies (food, medicine, environment, etc.) and your child's reactions

If you will require an EpiPen or other medication to be stored or used at school, you will need to have a current "Medication Authorization Form" – signed and dated by a doctor – on file with the school

Does your child have any chronic medical conditions (asthma, diabetes, etc.)? YES _____ NO _____

If YES, please describe: _____

Relative to the allergies or medical conditions described above, what precautions & procedures do we need to take and follow on behalf of your child? _____

Is your child routinely on medication? YES _____ NO _____

Names of medications: _____

Has your child experienced any unusual or emergency medical situations (ex., hospitalizations, surgeries, broken bones, etc.) YES _____ NO _____

If yes, please describe: _____

Vienna Baptist Children's Center – Child & Family Information Form, page 4 of 6

School / Childcare History:

Has your child had any previous preschool or group experience? YES _____ NO _____

If YES, please complete the following:

Year(s)	School or Childcare Setting	Teacher(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Development Resource Information:

It is the policy of VBCC to retain a record of the IEP/IFSP or other education plan for every child receiving public or private services (e.g., for developmental delays in areas such as speech, language, gross and fine motor, etc.) so that our faculty and staff may match and enhance their delivery of educational and support services to your child.

Is an IEP/IFSP (or other plan) currently on file at VBCC? YES _____ NO _____

Is an IEP/IFSP (or other plan) forthcoming? YES _____ NO _____

If yes, date anticipated: _____

My child is receiving /has received /will receive additional services: YES _____ NO _____

If your child will be receiving additional services, briefly describe the kind of services. Please note the service provider's name and/or agency*: _____

If you anticipate a private service provider visiting your child during the school day, please inform the VBCC office and the teachers in advance.

Please note any concerns of observations you would like to share with regard to the speech and language, physical, fine/gross motor growth and development of your child: _____

Toileting Needs:

Where is your child in the toilet training process*? _____

Are there special words your child uses to express his/her wishes? _____

Please share any information that will help your child be successful during the school day with respect to toileting: _____

Please know that we seek to support your toilet training efforts but may need to change a child into a diaper or pull-up if he/she has repeated "accidents" – for the health & safety of peers, and the cleanliness of the classroom.

Social and Emotional Development:

My child worries about _____

My child is afraid of _____

My child seems frustrated or angry when _____

My child avoids or has a strong dislike for _____

My child likes _____

My child seems happiest when she/he: _____

When my child enters or encounters a new situation, the transition is more comfortable for her/him if:

Young children often have security/ attachment items (blanket, lovey, special stuffed animal, etc.) If your child is attached to such an item, please tell us about it: _____

It would be helpful for my child's teacher to know the following events or situations in my child's life (ex., recent or significant death or birth in the family, a move or change in family life, etc.)

Concerns or observations you would like to share here with regard to the social and emotional growth and development of your child: _____

What do you think will be your child's biggest challenge at school this year?

Cognitive and Language Development

In communicating with my child, I suggest _____

Family phrases(eg, names for favorite objects, people, etc.) that the teacher should know: _____

Concerns/observations regarding your child's language development: _____

III. Parent Expectations

The kind of school experience I want for my child this year:

The areas of growth that I would like to see for my child this year:

I chose to enroll my child at VBCC this year because:

I learned about VBCC from _____

Additional Comments: _____

Thank you for completing this extensive form. The information contained herein will remain confidential among the teachers interacting with your child and the VBCC office staff. This information will help us better welcome your child when he/she enters the classroom at the beginning of the school year. If you have any questions about the school's use of this form, please inquire with the VBCC office. Thank you, again!

Name of Parent/Guardian's who completed the form (printed): _____

Parent/Guardian's Signature: _____ Date Completed: _____
(Month/Day/Year)

