

Family Information Form

Child's Name _____ **Nickname (if any)** _____

By providing complete information about your child, you will be assisting staff in creating a positive experience while in our care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

Who lives at home with your child and what is the primary language spoken in the home?

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet)

Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, ect.)

Do you have any pets at home? If so, what are they and what are their names?

Does your child have any favorite foods or foods he/she dislikes?

Are there any foods your child should not be fed? (ODJFS Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

Is your child toilet trained? If so, what words or gestures does your child use if he/she needs to use the bathroom?

Does your child need assistance when using the toilet? If so, how?

Circle the words which best describe your child's personality and behavior: active, quiet, curious, happy, excitable, loud, outgoing, sensitive, friendly, easily-angered, hesitant, insecure, shy, shares-well, spontaneous, stubborn, cheerful, calm, cautious, bright, bossy, affectionate, adventurous, jealous, likes structure/routines, other-please list-

What are your expectations of this program and any other information which would be helpful for the staff caring for your child?
Please use the back of this form if more space is needed.

Parent/Guardian's Signature

Date