

# Little Tigers Pre-School and Childcare

## Personal History and Family Information Form

Child's Name (Last)	(First)	Nickname (if any)	Date of Birth
By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her 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.			
Is your child adopted? <b>Yes</b> <b>No</b> Is your child a foster child? <b>Yes</b> <b>No</b> Does child know he/she/is adopted/foster child? <b>Yes</b> <b>No</b>			
Type of Birth: Normal ( ) Premature ( ) If Premature, how early? _____ Any complications? _____			
Who is in the child's immediate family?			
Name _____	Date of Birth _____	School Grade _____	
Name _____	Date of Birth _____	School Grade _____	
Name _____	Date of Birth _____	School Grade _____	
Name _____	Date of Birth _____	School Grade _____	
Please list other members of the household (include relationship and age):			
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specification, etc.? Additional Details?			
Is any language other than English spoken in your home? <b>Yes</b> <b>No</b> If yes, what language _____ Does your child speak English? <b>Yes</b> <b>No</b>			
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)			
Is there additional information related to your race, religion, values, traditions, cultural background that you would like to share?			
What is the discipline policy you follow at home?			
Do you have any pets at home? If so, what are they and what are their names?			
Has your child had a previous care arrangement? (Please circle one) <b>Yes</b> or <b>No</b> Additional Details? (Center based, in home, with family, with parents, etc.)			
Does your child have any favorite foods?			
Does your child dislike any foods?			
Are there additional personality and behavior characteristics that would be useful to know about your child?			
Are there things that frighten your child? If so, how does he/she react and what do you do to comfort hem/her?			
What routines/actions or items do you use to comfort your child?			
What causes you child to feel angry or frustrated?			

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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 not, have you started the toilet training process? Please explain the process used.	
Does your child need assistance when using the toilet? If so, how?	
What words, gestures or signs does your child use if he/she needs to use the bathroom?	
What time does your child normally go to bed at night and wake up in the morning?	
What time(s), and for how long, does your child usually nap?	
Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.	
What might you and/or your child be anxious about as he/she starts in this program?	
What are you and/or your child excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your child to know?	
Parent/Guardian's Signature	Date