

LITTLE TIGERS PRE-SCHOOL & CHILDCARE CENTER
Personal History and Family Information Form

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.)?

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:

LITTLE TIGERS PRE-SCHOOL & CHILDCARE CENTER

Personal History and Family Information Form

Child's Name (Last)	(First)	Nickname (if any)	Date of Birth
<i>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.</i>			
Is your child adopted? Yes No Is your child a foster child? Yes No Does your child know he/she/is adopted/foster child? Yes No			
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? Yes No If yes, What Language _____ Does your child speak English? Yes No			
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) Yes No Additional Details?(Center based, in home, with family, with parents, etc.)			
Does your child have any favorite foods?			
Are there additional personality and behavior characteristics that would be useful to know about your child?			
What routines/actions or items do you use to comfort your child?			
What causes your child to feel angry or frustrated?			