

**Child's History**

Child's Name: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

List the names of the people who live in the home with your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears? If so, what are they?

\_\_\_\_\_

Does your child normally take a nap?

\_\_\_\_\_

What holidays do you celebrate at home?

\_\_\_\_\_

Has your child been in a care setting before?

\_\_\_\_\_

What would you like your child to learn while he/she is in our setting?

\_\_\_\_\_

How do you discipline at home?

\_\_\_\_\_

What words does your child say to indicate in interest in toileting (for Toddler, 2's, 3's)?

\_\_\_\_\_

Does your child need help in the bathroom?

\_\_\_\_\_

Any additional information we should know about your child?

\_\_\_\_\_