THE CLIFTON SCHOOL

CHILD HISTORY INFORMATION

Child's Full Name

_____

Name Most Often Called _____

Birth Date_____

FAMILY:

Parents: **( )** Married **( )** Divorced **( )** Remarried

( ) Separated **( )** Deceased

Age of child at time of any above changes in family situation _____

If divorced or separated, how often does child see the absent parent?

If you have court orders prohibiting one parent from having access to the child, a copy of that order must be included.

_____

Siblings:	Names	Birth Dates
	_____	_____
	_____	_____
	_____	_____

Please list any other persons living with your family and indicate their relationship to the child.

_____

If another person shares in caring for the child on a regular basis, please indicate name, relationship (if any), and days/hours this person is responsible for the child's care.

_____

FAMILY CULTURE:

Country of origin:_____

Languages spoken at home:_____

Please list special celebrations or customs your family could share with our school:_____

_____

HEALTH:

Does your child have any dietary restrictions or allergies? Yes ____ No____

If yes, please specify

_____

_____

Does your child have any physical or developmental special needs? Yes ____ No ____

If yes, please specify

_____

_____

Are any medications given regularly? Yes ____ No ____

If yes, please specify

_____

_____

Have there been any serious illnesses or hospitalizations? Yes ____ No ____

If yes, please describe circumstances: including age and length of time _____

_____

DEVELOPMENTAL HISTORY:

If adopted, at what age? _____

At what age did your child first:

sit? _____ crawl? _____ walk? _____ talk? _____

Comments: _____

At what age was your child toilet trained? _____

Was training difficult? _____

At what age did your child first take a bottle? _____

At what age did your child give up the bottle? _____

Do you have any concerns about your child's development in any of the above areas? _____

_____

_____

SOCIAL:

For who was your child named? _____

What is the name of your child's best friend? _____

What is the name of your child's pet(s)? _____

How does your child relate to other children? _____

Does he/she seek friendships? _____

Does he/she enjoy playing alone? _____

How does your child relate to adults? _____

Does your child have any particular fears (dogs, sirens, thunder, etc.)? _____

_____

Are there certain situations which anger your child? _____

_____

How is your child limited or disciplined?

_____

How do your reassure or reward your child? _____

Does your child have any particular habits or mannerisms, such as thumb sucking or nail biting?

_____

_____

Have you or your child had any extended separations from each other? How long? Who cared for him/her during that time? _____

_____

_____

How does your child react when you have to leave him/her? What do you find is best to say or do during those times? _____

_____

ROUTINES:

Briefly describe your child's eating habits and food preferences. _____

_____

_____

Sleeping Patterns _____

What time does your child go to bed at night? _____

When does he/she go to sleep? _____

When does he/she get up in the morning? _____

How does he/she react when tired and/or needs a rest? _____

Does your child sleep with a favorite blanket or other items? _____

Does your child have any particular routines or special works about toileting? _____

_____

Indicate what kinds of activities you believe your child would enjoy:

_____	Books, puzzles, blocks	_____	Tinker toys, take-apart toys
_____	Scissors, paste, glue	_____	Balls, jump ropes, tricycles
_____	Table games (Candyland, etc.)	_____	Paper, pencils, crayons
_____	Trucks, trains, cars	_____	Dolls, dress-ups, dishes
_____	Mud, water, sand, play-dough		
_____	Other, give examples _____		

How long do you think your child will stay with an activity such as books or blocks?

_____

Do you have concerns about any of your child's routines (sleeping, eating, etc.)?

_____

CHILD CARE EXPERIENCE:

Has your child attended any other babysitter, daycare, or early learning center? If so, where and for how long? _____

Were there things he/she disliked about that experience? _____

_____

PARENT'S PERSPECTIVE:

What do you hope your child will gain most from his/her experiences here? _____

_____

How do you expect your child to adapt to this program? _____

_____

Are there any additional circumstances regarding your child of which you would like us to be aware? _____

_____