



_____ Fairfield _____ Shelton

New Child Information – (Please print all information)

Child's Name: _____ DOB: _____

Home Telephone # _____ Date _____

May we share your telephone number on a class list? Yes NO

Parent/Guardians Names: _____

Please answer all questions that apply. All answers are confidential

1. Does the child live with natural mother and father? Yes No If no please explain living arrangement _____

2. Does the child have contact with natural parents? Yes No

3. Has the child had any previous school or child care experiences? Yes No

If yes please explain. _____

4. How do you feel about your child's previous school or child care experience? _____

5. How does your child normally separate from; mother, father, or primary care giver? _____

6. How long has your child been using the toilet? _____

7. Do you have any concerns regarding toileting? _____

8. Does your child have a favorite blanket, pillow, stuffed animal toy, etc. that they are attached to?

___ Yes ___ No If yes please tell us the details, name, when they use it etc. _____

9. Did your child use a pacifier? ___ Yes ___ No If yes how long has it been since they gave it up?

10. How do you normally discipline your child?

11. Are there any other siblings/children in the home? (Please indicate names, ages and relationships).

12. How does your child interact with other children? _____

13. Do you have any concerns about your child (Please check any that apply)

physical development speech behavior health

Please explain any concerns: _____

14. How do you feel your child's development has progressed to date?

Please rate: G – Good, A – Average, C – Concerned

Walking Running Talking Toileting Dressing Self Following directions

Ability to stay with a task Engage in play on his/her own

Please use the back pages for any additional comments or information that would be helpful in getting to know your child.