

Pembroke Kids Child Development Center, Inc.
PERSONAL INFORMATION
(Please use "NA" where questions do not apply)

CHILD'S NAME: _____ *Preferred Name:* _____

Home Address _____

Home Phone: _____ *E-mail Address:* _____

Age: _____ *Date of Birth:* _____ *Male* _____ *Female* _____

Family and Social History

Mother/Guardian name _____

Home Address: _____

Home Tel: _____ *Cell Phone:* _____ *Business Phone:* _____

Mother's Occupation/Title: _____ *Mother's Employer:* _____

Father/Guardian _____

Home Address: _____

Home Tel: _____ *Cell Phone:* _____ *Business Phone:* _____

Father's Occupation/Title: _____ *Father's Employer:* _____

With whom does the applicant live? _____ *Mother* _____ *Father* _____ *Both* _____ *Other* _____

Circle if appropriate: _____ *Father deceased* _____ *Parents divorced* _____ *Mother remarried* _____
_____ *Mother deceased* _____ *Parents separated* _____ *Father remarried* _____

If parents are divorced or separated, who has legal custody of the applicant? _____

Should non-custodial parent receive school mailings? _____ *Yes* _____ *No* _____

<i>Sibling's Name:</i>	<i>Gender:</i>	<i>Birth Date:</i>	<i>Current School & Grade</i>
1. _____			
2. _____			
3. _____			

Other members of the household (include relationship and age): _____

Languages (s) spoken at home: _____

What language (s) does your child speak? _____

Does your child have his or her own room? _____

If not, who shares the room? _____

Who cares for your child other than yourself? (State whether teenagers or adults) _____

If Child is adopted:

Age at Adoption: _____ Does your child know he or she is adopted? _____

Developmental History of Child

At what age did your child?

Sleep Through the Night		Name Simple Objects	
Sit Alone		Repeat Short Sentences	
Crawl		Begin Toilet Training	
Walk Alone			

Can your child go to the rest room without help? What words does your child use for toileting?

To what extent can your child dress him/herself? Please circle all that apply: Socks/Shoes

Coats/Buttons, Snaps, Zippers Gloves/Mittens, Pants, Shirts

Is your child right or left handed? _____

Describe your child's eating habits, any food likes/dislikes, special diets, etc... _____

Describe your child's sleeping habits, including when he or she wakes up, normal bedtime and any other information that may be helpful: _____

What are your child's favorite indoor play activities? _____

Favorite outdoor play activities: _____

Describe any traumas/fears (thunder, dogs, darkness) your child may have experienced that would be helpful for our teachers to know when interacting with your child:

Does your child have any speech or hearing problems? _____

Does your child have any other special needs that we should be aware of? _____

How do you discipline your child? _____

What is your child's usual reaction? _____

Describe your child's experiences with groups of children prior to enrollment (play groups, family, preschools, or other child care facilities).

When and with whom does your child watch TV? _____

How many hours a day? _____

What holiday(s) does your family celebrate? _____

Would you be willing to share your traditions with the class? _____

Using no more than 5 adjectives, describe your child's personality. _____

Health History of Child

What illnesses has your child had? At what age?

<i>Chicken Pox</i>		<i>Scarlet Fever</i>		<i>Diabetes</i>	
<i>Mumps</i>		<i>Measles</i>		<i>Hepatitis</i>	
<i>Other</i>					

Does your child have frequent colds, earaches, sore throats, or stomach aches? Explain. _____

Does your child vomit easily? _____

Does your child run high fevers easily? _____

Has your child had any serious accidents? Explain. _____

Does your child have any allergies? _____

What is the usual reaction? _____

Has your child ever been to a dentist? _____

Has your child ever had his or her vision checked? _____

Hearing tested? _____

What other helpful information can you give our teachers that would assist them when working with your child?

Thank you.