

SQUIGGLE ROOM

EARLY LEARNING CENTER

Child Background Form

Child's Name: _____ Date of Birth: _____ Gender: M / F / Other

Eating

Is your child on any special diet? ____vegetarian ____ovo-lacto ____vegan ____other _____

Does your child have any food allergies? _____ If yes, please describe _____

What does your child use to drink? ____bottle ____sippy cup ____regular cup ____nursing

How often does your child eat? _____

Infants: Has your infant started on any other foods besides formula or breast milk? _____

Sleeping

Does your child nap? Yes / No How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy or "lovey", or pacifier? Yes / No

Are there specific bedtime routines at home? _____

Where does your child sleep at home? _____

Toileting

Does your child use diapers? Yes / No ____Cloth ____Disposable ____Pull ups

If cloth, remember that we are unable to launder diapers and they will be bagged and sent home.

Are you potty training right now? Yes / No

Are there any specific ointments or lotions your family uses: _____

Development

Do you have any concerns about your child's development? Yes / No

____Hearing ____Vision ____Language ____Gross Motor ____Fine Motor ____Social ____Other

Is there anything about your child's birth that you would like to share? _____

What is your child's primary spoken language? _____

Are there other languages being used with your child? _____

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Social and Emotional development

Has your child been in child care before? Yes / No

Does your child have a regular routine when at home? _____

Is there anything we should know about your child's play with other children, by themselves, any concerns? _____

What kinds of activities does your child enjoy? Are there activities your child avoids? _____

Does your child have any siblings? _____

Does your family have any pets? _____

Who else lives in your house? _____

What soothes your child? _____

What frightens your child? _____

Does your child have any favorite songs or games that comfort them? _____

What concerns do you have about leaving your child in care? _____

Do you have any suggestions that will help ease your child's transition into care? _____

What holidays does your family celebrate? _____

What are your expectations or hopes for your child at our child care center? _____

What are your expectations for the Squiggle Room Early Learning Center staff members? _____

Is there anything regarding your family, extended family or child that you would like to share with us? _____