LUTHERAN CHILDCARE CENTER
FAMILY INFORMATION FORM

Child's Name: _____ Date: _____

You can help us plan for your child's needs, understand concerns and responses, and support and encourage your child if you provide the following information. The information will remain confidential, and we hope you will update it when needed.

Parent Information:

Name of **Mother** _____

Home Address _____

Home phone _____ Business phone _____

Mother's Occupation _____ cell phone _____

Name of **Father** _____

Home Address _____

Home phone _____ Business phone _____

Father's Occupation _____ cell phone _____

Marital status of parents:

☐ Married, living together ☐ Separated ☐ Divorced

If divorced, please describe custody and visitation agreement for the child.

_____

_____

Family Information:

Sisters (names and ages) _____

Brothers (names and ages) _____

Other adults (names, ages, and the relationship to child) _____

_____

Other significant persons in your child's life (example: stepfamilies, grandparents, babysitters, etc.). Please give ages of children listed.

Name Relationship to child

_____

_____

_____

Have there been births, deaths, adoption, or other changes in the family structure that affected your child? If so, describe briefly what happened and the effect on your child.

_____

_____

Tell us briefly how you explained this event to the child.

_____

_____

Health:

What communicable diseases has the child had? Indicate date or age.

Chickenpox_____ Scarlet Fever _____

Mumps_____ Measles _____

Impetigo_____ Conjunctivitis _____
(Pink Eye)

Does your child have frequent. . . .

Colds?_____Coughs?_____ Ear Infections?_____

Tonsillitis?_____ High Fever?_____

Upset Stomach?_____ Seizures?_____

Convulsions?_____ Skin rashes?_____

Has your child had a serious illness, surgery, or hospital stay? If so, please describe condition and child's reaction.

_____

_____

Does your child have any abnormality of skin? _____ glands? _____

extremities? _____ genitalia? _____ nervous system? _____

If so, please describe.

_____

_____

Are bowel and bladder functions regular and under control? _____

Has your child had a vision test? If so, what were the results? _____

Has your child had a hearing test? If so, what were the results? _____

Has your child had regular dental checkups? Any dental problems? _____

_____

Is your child taking any regular medication? If so, describe. _____

_____

Does your child have allergies? If so, to what substances? . _____

_____

How are allergies manifested? (runny nose, stomach upset, other) . _____

_____

Does your child have any dietary restrictions? If so, please describe. . _____

_____

Is this because of allergy, family preference, medical need, other? . _____

_____

Describe your child's eating habits:

☐ Likes many different foods ☐ Eats only a few foods

☐ Eats only at mealtime ☐ Snacks all day

Describe your child's overall health.

_____

_____

About your child:

Does your child have a pet?

Kind: _____ Name: _____

Kind: _____ Name: _____

What opportunities does your child have to play with other children?

☐ Neighborhood ☐ Sunday school/church ☐ Cousins/other family

☐ Nursery school or other classroom experience Other _____

What are your child's favorite play activities?

_____

_____

Do you consider your child hard to manage or easily managed?

_____

_____

What methods of discipline have you found most effective?

_____

_____

What fears does your child have?

_____

_____

What do you and your child enjoy doing together?

_____

_____

What trips, vacations, or other family experiences are remembered with the most pleasure?

_____

_____

What special happening is your child apt to tell us about?

_____

_____

How much television does your child watch each day? _____

What are his or her favorite programs? _____

How much sleep does your child require daily? _____

Does your child nap regularly? _____ Usual bedtime: _____

Please give any additional information you think might be important for us to have.

_____

_____

What hopes and expectations do you have for your child from our program?

_____

_____