

BACKGROUND INFORMATION

Child's Name _____ Age at time of enrollment _____

Other Members of Household:

Brothers & ages:

Sisters & ages:

Does your child have any allergic conditions, special dietary needs or restrictions, or any special needs of which we should be aware?

What best describes your child's activity level? a) always on the go b) not very active
c) a mix of quiet and active

Do you feel your child is self-motivated to do things or does he/she need a lot of reminders and/or encouragement?

How would you describe your child's behavior with other children? a) shy b) often a leader
c) domineering or bossy d) gets along with other children most of the time

Are there any special family circumstances that may be a factor in your child's present behavior (divorce, separation, death, new baby, recent move, illness, etc.)?

Does your child manage toilet routine without help?

How do you usually discipline your child?

Is your child right or left handed?

What languages are spoken in the home?

What kinds of books or stories does your child enjoy?

What toys and activities does your child enjoy?

What is your child's favorite: color - food -
TV show or movie -

Do you have any suggestions or ideas of activities you would like your child to be involved in?

Any additional information you think we need to be aware of to help serve you and your child better?