



## History of the Child

We ask this personal information to aide us in the process of becoming part of your family's support system. Answering these questions will help our staff get to know your child better. Please answer all the questions. *Thank you!*

What time does your child get up in the morning? \_\_\_\_\_

What time does your child eat breakfast? \_\_\_\_\_

What does your child like to eat for breakfast? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What does your child eat for lunch? \_\_\_\_\_

Is your child a good eater? \_\_\_\_\_

Does your child need help eating? \_\_\_\_\_

Does your child play with anyone special? \_\_\_\_\_

Is your child a sound sleeper at night? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Does your child take naps during the day? \_\_\_\_\_ When? \_\_\_\_\_

Does your child have nightmares? \_\_\_\_\_ Please explain \_\_\_\_\_

Is your child comfortable in an atmosphere of structured discipline? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Do you feel the discipline works well? \_\_\_\_\_ Why or why not? \_\_\_\_\_

How do you reward your child for good behavior? \_\_\_\_\_

Does your child like to talk? \_\_\_\_\_ Shy? \_\_\_\_\_ Outgoing? \_\_\_\_\_ Average? \_\_\_\_\_

Do you think your child is above or below average intelligence? \_\_\_\_\_ Why? \_\_\_\_\_

Is your child an emotional person? \_\_\_\_\_ Any special problems? \_\_\_\_\_

Does your child have any physical handicaps? \_\_\_\_\_



## History of the Child

Does your child use any particular words or expressions? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

Favorite pet? \_\_\_\_\_ Favorite person? \_\_\_\_\_

Are you currently experiencing any family problems/changes (divorce, death, new baby, etc.)?  
\_\_\_\_\_

## History of Development

Were there any birth difficulties with this child? \_\_\_\_\_

Were there any pregnancy complications? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Food? \_\_\_\_\_

Is your child toilet-trained? \_\_\_\_\_ How long has he/she been toilet-trained? \_\_\_\_\_

How frequently does your child move his/her bowels? \_\_\_\_\_

Does your child have frequent toilet accidents? \_\_\_\_\_ Is he/she accident prone? \_\_\_\_\_

Does your family have any history of?

	Yes	No
TB	___	___
Heart trouble	___	___
Diabetes	___	___
Rheumatism	___	___
Cancer	___	___
Asthma	___	___
Nervousness	___	___
Migraines	___	___

Is there an additional information about your child that you feel would help our staff? \_\_\_\_\_  
\_\_\_\_\_

Wee Care Day Care and Learning Centre /Lads n Lassies Academy has my permission to take pictures and/or videos of my child for media purposes.

Signature \_\_\_\_\_

Date \_\_\_\_\_