

## CHILD INFORMATION

Child's Full Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  Other \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Language(s): \_\_\_\_\_

Are both parents in the home?  Y  N If no, who does child live with? \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Program(s) previously attended: \_\_\_\_\_

## GETTING TO KNOW YOUR CHILD

*Please answer all questions. Your child will not be denied an opportunity to thrive at Bei Bambini as a result of your answers. If necessary, the teachers will review the answers with the family. It is important that the teachers know what your child's needs are, so that they can ensure that they will receive the best care.*

1. Has your child ever been in group care? What was their experience like? \_\_\_\_\_

\_\_\_\_\_

2. How does your child interact with peers? \_\_\_\_\_

3. What activities engage your child the most at home? \_\_\_\_\_

\_\_\_\_\_

4. How does your child express anger, fear, and frustration? \_\_\_\_\_

5. When your child is upset, what comforts them? \_\_\_\_\_

6. How do you address undesired behavior? \_\_\_\_\_

\_\_\_\_\_

7. What are your child's resting/night time sleeping habits? \_\_\_\_\_

\_\_\_\_\_

8. What time does your child fall asleep and awake on a regular day? \_\_\_\_\_

9. Does your child sleep with an item for security? Will you be providing something for security? \_\_\_\_\_

\_\_\_\_\_

10. Is your child potty trained/training? If so, explain: \_\_\_\_\_

\_\_\_\_\_

11. What holidays/traditions does your family celebrate? \_\_\_\_\_

\_\_\_\_\_

# Bei Bambini

An Early Childhood Program

12. Does your child have any health concerns/allergies/intolerances? \_\_\_\_\_

\_\_\_\_\_

13. What are your child's eating habits like? What foods do they like/dislike? \_\_\_\_\_

\_\_\_\_\_

14. How would you describe your child's temperament? \_\_\_\_\_

\_\_\_\_\_

15. Does your child receive or need any services/therapy? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

16. Are there any special family situations you would like to share to help better understand your child? \_\_\_\_\_

\_\_\_\_\_

17. Please list any likes/dislikes that your child has (i.e. environment, activities, etc.) \_\_\_\_\_

\_\_\_\_\_

18. What do you hope your child will gain from their experience in the environment? \_\_\_\_\_

\_\_\_\_\_

19. What are your expectations for your child? \_\_\_\_\_

\_\_\_\_\_

20. Does your child have special rights (also known as "special needs"?), disorders, or developmental delays? If so, elaborate: \_\_\_\_\_

\_\_\_\_\_

21. Do you have concerns about your child adjusting? \_\_\_\_\_

\_\_\_\_\_

22. Are there any family traditions or special hobbies that you would like to share with us in the future? \_\_\_\_\_

\_\_\_\_\_

23. List any resources, people, or locations of your child or family's interest that you feel would enrich Bei Bambini: \_\_\_\_\_

\_\_\_\_\_

24. Is there anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_

25. How can we support you as a parent/family? \_\_\_\_\_

\_\_\_\_\_