

SOCIAL HISTORY

Has your child ever been in a childcare facility before? Yes / No

Does your child have any fears? Yes / No If yes, please list: _____

What language does your child speak? _____

Does your family celebrate any special holidays? _____

Does your child have special names for objects? _____

Does your child have any food restrictions? _____

Does your child have any allergies? Yes / No

If yes, please list allergies: _____

Does your child have any past or current medical problems? Yes / No

If yes, please list and describe: _____

Does your child have any physical handicaps? Yes / No

If yes, please list describe: _____

Has your child ever had any of the following:

Head injury or loss of consciousness

Age

Explanation

Significant injuries

Surgeries

Frequent fevers

Visual/ Hearing impairment

Specific Conditions

Does your child have any restrictions for play? (outdoors/indoor) _____

Does your child take a nap? Yes / No / Occasionally Time: _____ Length: _____

Is your child toilet trained? _____

Are there any special diaper changing instructions? _____

If your child is an infant, what are the feeding instructions? _____

Time: _____ Amount: _____ Temperature: _____

Other information that will help in caring for the child: _____
