



Date: _____

STUDENT INFORMATION

Please consider each question carefully. Put NA if you feel a question does not apply to your child's stage of development.

Child's full name:

Last	First	Middle
------	-------	--------

Name to be used at school: _____ Sex: _____

Home address:

Street	City	Zip Code
--------	------	----------

Home phone: _____

Birthdate: _____ Age as of September 1: _____

FAMILY INFORMATION

Father's name: _____ Occupation: _____

Employer: _____ Wk Phone: _____

Mother's name: _____ Occupation: _____

Employer: _____ Wk Phone: _____

Siblings

Names: _____ Ages: _____

Other members of household (please include pets):

Religious preference: _____

Primary Language spoken in the home: _____

Ethnicity (*cultural connection*): _____

Child's Name _____

SOCIAL DEVELOPMENT

With whom does your child interact most of the time? Parents? _____ Sibling? _____
Grandparents? _____ Other adults? _____ Children his / her own age _____
Older? _____ Younger? _____

Does your child amuse him / herself well? Yes No

Does your child require much of your attention? Yes No

Does your child get along well with other children? Yes No

If not, explain: _____

Would you describe your child as sensitive _____, quiet _____, fearful _____, active _____, outgoing _____,
friendly _____. Comment: _____

What are your child's favorite toys? _____

What are your child's favorite activities? _____

How much time does your child watch TV each day? _____
Which programs? _____

Do you have other comments or concerns related to your child's social development? _____

EMOTIONAL DEVELOPMENT

How would you describe your child at this stage of development? Happy _____; unhappy _____;
Fussy _____; playful _____; easily frightened _____; anxious _____; easy going _____; easily frustrated _____;
Other _____

Is there anything now in your child's environment which adversely affects him/her? (e.g., new baby, family
problem, recent move, illness of relative) _____

Does your child have a security item? (blanket, doll, etc. _____
_____. Is it available all the time? Yes No

Do you have any comments or concerns about your child's emotional development?

Child's Name _____

MEDICAL INFORMATION

Has your child had any diseases or injuries? Yes No

Explain: _____

Has your child ever had surgery? Yes No

Explain: _____

Is your child under a doctor's care for any continuing condition? Yes No

Be specific in reference to any situation that might occur at school.

Orthopedics: _____

Eyes: _____

Ears: _____

Allergies: _____

Other: _____

Is your child taking any medication on a regular basis? Yes No

If yes, is this medication to be administered during school hours? Yes No

If yes, explain (MUST be prescribed with directions by a licensed physician): _____

PHYSICAL DEVELOPMENT

Were pregnancy, birth and infancy considered normal? Yes No

If not, explain: _____

At what age did your child sit up? _____ Crawl?

Walk? _____ When did he/she begin talking? _____

Is your child's speech intelligible to you most of the time? Yes No

To other family members most of the time? Yes No

Does your child wear diapers? Yes No Training pants? Yes No

Is your child learning to use the toilet? Yes No

What is your child's usual bedtime? _____

Does your child nap at regular times? Yes No When? _____

Do you have any comments or concerns relating to your child's physical development?

Child's Name _____

PRESENT ENVIRONMENT

In what ways do you deal with unacceptable behavior? _____

Does your child have any other group experiences?

Mothers Day Out _____; Sunday School _____; play group _____; other _____

Who usually cares for your child other than parents? _____

Does your child live with both parents? Yes No

Father? _____ Mother? _____

What are you hopes and dreams for your child? _____

Thank You For Choosing
Aquinas Early Childhood Center
For Your Child's Spiritual & Developmental
Needs!