

# Artisticrats

## Childcare and Preschool

### About Your Child

#### Family and Social History

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_

Father (Guardian) \_\_\_\_\_

Marital Status of Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_ Single Parent \_\_\_\_\_

Custody/Visitation Arrangements \_\_\_\_\_

Siblings:	Name	Age
	_____	_____
	_____	_____

Is there anything you would like to share with us regarding your family's race, religion, culture, language spoken at home and/or family structure?

\_\_\_\_\_

1.) What foods does your child especially like? Dislike?

\_\_\_\_\_

2.) Favorite games or activities? \_\_\_\_\_

3.) Is your child potty trained? Yes No If so, at what age? \_\_\_\_\_

4.) How does your child express anger or frustration?

\_\_\_\_\_

5.) Does your child have any special fears? \_\_\_\_\_

6.) When your child is upset, what helps to comfort him/her?

\_\_\_\_\_

7.) How do you discipline your child? \_\_\_\_\_

8.) Does your child take an afternoon nap? Yes No

If so, how long? \_\_\_\_\_ If not, why? \_\_\_\_\_

Does he/she have a special toy or blanket for nap? \_\_\_\_\_

9.) Any anticipated adjustment problems? \_\_\_\_\_

10.) Any disorders/developmental (slow/advanced) diagnosed or suspected?

\_\_\_\_\_

11.) Previous childcare your child attended \_\_\_\_\_

12.) Expectations of Artisticrats Childcare Center \_\_\_\_\_

\_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

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