

# Christina Kent Early Childhood Center

## Child/ Family Information

Name of Child: \_\_\_\_\_

1) If the child has lost a parent, how old was the child at the time? \_\_\_\_\_

2) Is your child regularly cared for by anyone other than his/her parents? \_\_\_\_\_  
If yes, please explain the type of arrangement. \_\_\_\_\_

3) Does either parent travel from home for long periods of time? \_\_\_\_\_

4) Please list siblings:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

5) Does your child wear glasses? \_\_\_\_\_

6) Does your child have a chronic disease? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

7) Does your child have allergies? \_\_\_\_\_ If yes, please list \_\_\_\_\_

8) How do you treat the allergies? \_\_\_\_\_

9) Describe any medical information you think the staff should know about your child. \_\_\_\_\_

10) What are your immediate and long range goals for your child? \_\_\_\_\_

11) Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

12) Single but reside together \_\_\_\_\_

13) If divorced, how old was the child at the time? \_\_\_\_\_

14) If separated / divorced, what are the visitation arrangements? \_\_\_\_\_