WELCOME TO STARMONT DAYCARE

The experiences that your child brings to daycare, play an important part in their adjustment to our daycare. We want to know as much about your child’s background as you can share, hoping to better understand and guide your child. This information is confidential.

# GENERAL INFORMATION

## Child’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_ Gender\_\_\_\_\_\_

Father/Legal Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Legal Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain family structure. If natural parents are NOT both living with the child please explain the circumstances. Describe relationship with absent parent.

Brothers and sisters: Include name, birth date and relationship (full , half or step).

OUT OF SCHOOL ACTIVITIES

Check the experiences that your child has had in the past.

Head Start \_\_\_\_\_ Sunday School \_\_\_\_\_\_\_ Story Hour \_\_\_\_\_\_\_

Daycare \_\_\_\_\_ Hours per week \_\_\_\_\_\_\_

Pre-school \_\_\_\_\_ # of days per week \_\_\_\_\_\_

Name and location (city) of preschool/daycare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who disciplines the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What method is the most effective?

Are there any holidays or other celebrations you are uncomfortable with your child/family celebrating here at school? Yes \_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_

List any other experiences that your child has had which you feel are important.

HEALTH

Does your child have any allergies? No\_\_\_\_\_\_ Yes \_\_\_\_\_\_ Specify:

Do they take any medication on a regular basis? \_\_\_\_\_\_\_ Specify:

Does this student wear glasses? \_\_\_\_\_\_\_ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other medical issues? *Please circle all the apply:*

Speech Problems Bedwetting Seizures Hearing problems Hay Fever

Nosebleeds Ear Infections Daytime Incontinence Asthma

Head Injury Frequent sore throats Family history of diabetes

Others:

Please give more details on any “issue” above that you circled…

How many hours does your child sleep at night? \_\_\_\_\_\_ Do they easily go to sleep? \_\_\_\_

Are they restless sleepers? \_\_\_\_\_ Do they nap during the day? \_\_\_\_\_\_

How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your family dealt with any serious accident, operation, illness or a death?

Has your child ever been hospitalized? \_\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL AND EMOTIONAL DEVELOPMENT

Does your child dress without assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_ Tie shoes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choose the clothes to wear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child deal with any special fears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you ever have to deal with temper tantrums? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you respond to these? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_