



# THE HEIGHTS CDC

## CHILD DEVELOPMENT CENTER

### 2023-2024 FAMILY INFORMATION SHEET

The information obtained on this sheet is for the purpose of the teachers in your child’s class to better understand your child’s family and culture environment, as well as personality and tendencies at home. This information can be very helpful in early childhood education in helping to better understand your child’s development and well-being as an individual. All information is maintained in the classroom under confidentiality. Please answer as thoroughly as possible for your child.

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

**ALLERGIES:** \_\_\_\_\_

Does your child have any of the following: (if yes, please explain)

**Does your child have an EPI pen? Y N**      Previous serious illness or injuries? \_\_\_\_\_  
Dietary restrictions? \_\_\_\_\_      Hospitalization during the last 12 months? \_\_\_\_\_  
Any medication prescribed for long term use? \_\_\_\_\_

How did you find out about The Heights CDC? \_\_\_\_\_

Previous preschool/MDO attendance? ( ) YES ( ) NO If yes, where: \_\_\_\_\_

***Please Tell Us About Your Child’s Family Environment:***

Mom’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mom’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Siblings (name and age): \_\_\_\_\_

Pets (type and name): \_\_\_\_\_

Are parents: ( ) Living together ( ) Separated ( ) Divorced Other: \_\_\_\_\_

If separated or divorced, who has custody of the child? \_\_\_\_\_

Are there any other adults living in the home? \_\_\_\_\_

*(form continued on back)*

***Please Tell Us About Your Child's Culture:***

Ethnicity: White African-American Hispanic Indian Asian Pacific Islander

Other: \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

What holidays or special traditions do you and your family celebrate? \_\_\_\_\_

Church attending: \_\_\_\_\_ No church home: [ ] (please check here)

Anything else you would like us to know about your child's culture?

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***Please Tell Us About Your Child's Individual Personality and Behavior/Medical Concerns:***

Describe your child's personality: \_\_\_\_\_

Child's fears or habits we need to be aware of: \_\_\_\_\_

Describe your child's sleeping habits at naptime, and any information that the teacher could use to assist them in falling asleep: \_\_\_\_\_

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Are there any other issues regarding your child's health and/or behavior of which we should be aware?

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Is your child potty trained: ( ) Yes ( ) No Please list any special words used to go to the restroom:

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Do you feel there can be a language barrier with the potty training process?

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Please list any other special concerns, medical needs, or any additional information that will help us make your child's school year the best it can be:

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