



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: _____

Dad'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?

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: _____

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

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

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

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:
