



THE HEIGHTS CHILD DEVELOPMENT CENTER
FAMILY INFORMATION SHEET
2025-2026 School Year

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.

Child's Name: _____ DOB: _____

Child Health Overview

ALLERGIES: _____

Dietary Restrictions: _____

Does your child have an EPI pen? (choose one) Yes No Notes: _____

List any previous serious illness or injuries? _____

Any hospitalizations in the last 12 months? _____

Any medication prescribed for long term use? _____

Child's Family Environment

Mom's Name: _____ Phone: _____

Employer: _____ Occupation: _____

Dad's Name: _____ Phone: _____

Employer: _____ Occupation: _____

Are parents: (choose one) Living together Separated Divorced Other: _____

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

Are there any other adults living in the home? _____

Siblings: (name and age) _____

Pets: (type and name) _____

Child's Preschool History

How did you find out about The Heights CDC? _____

Has your child previously attended a preschool or Mother Day Out program? (choose one) Yes No

If yes, where? _____

THE HEIGHTS CHILD DEVELOPMENT CENTER
FAMILY INFORMATION SHEET (cont.)
2024-2025 School Year

Child's Name: _____ DOB: _____

Child's Culture

Ethnicity: (choose one) 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? _____

Does your family regularly attend church? (choose one) Yes No

If yes, where: _____

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

Child's Individual Personality and Behavior Concerns:

Describe your child's personality: _____

Please list on of your child's fears or habits we need to be aware of: _____

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?

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

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:
