



PLAYSCHOOL CHILD CARE INC.

Child's Personal Information Family and Social History

General:

Child's Name _____ Date of Birth _____
Mother/Guardian _____
Father/Guardian _____

Marital status:

** Please mark all that apply **

____ Living together ____ Married ____ Separated ____ Divorced ____ Other
Remarks _____

Please Note: If there are any custody orders or arrangements you must note that on your emergency contact form and provide Playschool Child Care Inc with the appropriate paperwork.

Siblings:

Name _____ Age _____
Name _____ Age _____
Has your child had group play experiences? _____ If yes, where _____
Primary language spoken in child's household: _____

(Children 12 months and younger please disregard the section below. Please fill out the infant eat / sleep schedule in place of this section)

Development History:

What time of the day does your child usually eat? _____ Breakfast _____ Lunch _____ Dinner _____

Is your child a vegetarian? _____ Please list any restrictions: _____

Word your child uses for urination? _____ Bowel movement? _____

What is most important to you for your child to get out of his/her experience at Playschool? _____

What are your child's favorite indoor activities _____

What are your child's favorite outdoor activities _____

Does your child have any special fears that you are aware of? _____

Does your child have any speech problems? _____

Does your child have any other problems that we should be aware of? _____

What method of behavior control is used in our home? _____

What is your child's reaction? _____

How would you describe your child's personality _____

Other helpful information _____

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