



Family Information



Child Information

Child's Name	Date of Birth
Race	Place of Birth
Primary Language	Other Languages
Identifying Marks	
Describe your child (What does your child like to do? What kind of outings does he/she enjoy? What toys or play materials does he/she enjoy? Does your child have any fears?)	

Parent/Guardian Information

Parent/ Guardian #1	Parent/ Guardian #2
Name	Name
Relationship to child	Relationship to child
Place of Birth	Place of Birth
Race	Race
Primary Language	Primary Language
Other Languages	Other Languages
Occupation	Occupation
Hobbies/special activities	Hobbies/special activities

Family Information

Other family members living in the household (please list names, ages of children, and relationship to the child)	
Family lives at	
Family has lived there for (length of time)	
Has your child been in child care before?	What is your method of behavior management at home?
What would you like your child to gain from this child care experience?	

Eating Habits

Specific family eating practices (vegetarian, vegan, religious practices pertaining to food)
What is your child's typical feeding schedule?
Is your child on any special diet or formula?
What are some of your child's favorite foods? Does your child refuse any foods?
Does your child sit in a high chair or on your lap to eat?
Does your child feed themselves? Yes or No How do they feed themselves: Spoon, Fork or Hands

Toileting Habits

Diapers- Cloth or Disposable	Diaper cream- Yes or No	Frequency of rash-
Are bowel movements regular?		
Any problems with diarrhea or constipation?		
Toilet trained? Yes or No	What age was your child successful at toilet training?	
What is used at home? Potty Chair Special child seat Regular seat		
How does your child indicate bathroom needs (include special words)		
Is your child ever reluctant to use bathroom?		
Does your child have accidents?		

Sleeping Habits

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby.

Does your child sleep in a Crib Bed or Family Bed
Does your child become tired or nap during the day? How many naps and how long?
When does your child go to bed at night?
When does your child get up in the morning?
Describe any special characteristics or needs your child displays when they are getting sleepy (including any props they need and how you get them to sleep)

Special Needs Plan

Is there special needs that you would like us to be aware of?

Please attach the Care Plan for Children with Special Needs filled out by your Health Care Provider.

Parent/Guardian Signature _____

Date _____

Getting to know your Family...

We are excited that your family is a part of our family here at Dorothy's Discovery Daycare Center. Your unique cultural background and family traditions play an important part in your child's life. Our program has a commitment to respecting all children and families diverse and cultural needs. All children deserve an early childhood education that is responsive to their family/community racial, ethnic and cultural backgrounds. Our goal is to provide a supportive early learning program that nurtures the whole child, respects home culture and promotes and encourages the active involvement, when we focus on incorporating what we learn from accurate information we learn respect and are able to support the family as a whole. In order to celebrate and support the diversity of our families, we would like you to fill out your family survey.

Describe your family

What cultural activities does your family participate in

What holidays/special events does your family celebrate (Please list the event and the way it is celebrated)

Are there any family traditions or activities that you would like to share with our class?

Things in the family's home that are special to the family that they would be willing to share with the class (For example, Grandma's potato pancake recipe, Mom's rock collection, Dad's conga drum)

How can we support your family's culture, values, and interests in the classroom?

Parent/Guardian Signature _____

Date _____

Parent Volunteer Form

Parent/Guardian #1

Are you willing to volunteer on our Parent Board	Yes	No
Are you willing to volunteer in the classroom	Yes	No
Do you feel comfortable reading to a group of children	Yes	No

Please check all that apply to your special skills and talents

- | | | |
|--|--|--|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Hair Grooming | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Needlework | <input type="checkbox"/> Speaking | <input type="checkbox"/> Selling |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Singing | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Toy Repairing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Assist in Driving |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Babysitting |
| <input type="checkbox"/> Organizing People | <input type="checkbox"/> Writing | <input type="checkbox"/> Reading to Children |
| <input type="checkbox"/> Playing an Instrument | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Auto Repair | _____ |
| <input type="checkbox"/> Knit or Crochet | <input type="checkbox"/> Budget Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Dancing | _____ |
| <input type="checkbox"/> Organizing Materials | <input type="checkbox"/> Dramatics | |

Parent/Guardian #2

Are you willing to volunteer on our Parent Board	Yes	No
Are you willing to volunteer in the classroom	Yes	No
Do you feel comfortable reading to a group of children	Yes	No

Please check all that apply to your special skills and talents

- | | | |
|--|--|--|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Hair Grooming | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Needlework | <input type="checkbox"/> Speaking | <input type="checkbox"/> Selling |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Singing | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Toy Repairing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Assist in Driving |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Babysitting |
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| <input type="checkbox"/> Playing an Instrument | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Auto Repair | _____ |
| <input type="checkbox"/> Knit or Crochet | <input type="checkbox"/> Budget Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Dancing | _____ |
| <input type="checkbox"/> Organizing Materials | <input type="checkbox"/> Dramatics | |

Parent Education Workshops

We want to plan Parent Workshops, which will be of interest to you and at times of best for the majority of our families. Please check any topics you would be interested in learning more about or receiving information on and the best time for you to attend.

- Learning about our curriculum (Creative Curriculum)
- Learning about our developmental assessments (Teaching Strategies Gold Checkpoints)
- Learning about our 5 Star rating system (Program Quality Assessment)
- Learning about Conflict Resolution for behavioral management
- Why PLAY is important and how we implement our lesson plans
- Speech and Language Development
- Literacy Development (reading and writing) in the home
- Physical Development (Small and Large muscle)
- Daily Routine and why it is important
- Parenting Skills
- Ways to promote and encourage child self-esteem
- Nutrition; cooking with your child
- Budgeting
- Communicable diseases and how we fight them
- Getting ready for Kindergarten
- Infant Development- Including feeding, sleeping, and activities to do at home
- Stress management for parents- How to juggle a busy schedule
- Single Parenting
- Make-It/ Take-It workshops
- Other Suggestions _____
- Other Suggestions _____

The best time I could attend a parent workshop would be at

Morning Hours _____ Day Time Hours _____ Evening Hours _____

The best days I could attend a parent workshop would be on

Monday	Tuesday	Wednesday	Thursday	Friday
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I would need child care in order to attend a parent workshop- **yes** or **no**

I would like to help with (please circle all that apply) - planning the workshop, gathering information and materials, promoting the workshop to families, and setting up for the workshops.

Additional comments: