

CHILD AND FAMILY INFORMATION – NEWLY ENROLLED CHILD

Welcome to the Early Childhood Lab School. The information requested here enables us to begin to become acquainted with your family. It informs us about your goals and expectations for your child’s involvement in our program and helps us to coordinate your child’s experiences here with the child’s familiar home culture and routine. You will have an opportunity to discuss additional developmental information and questions during the home visit the teaching staff will arrange with your family. *Please be aware that the ECL program enrolls children who range in age from six months through five years. A few of the following questions may not apply at your child’s current age.*

We appreciate the time you spend completing this form. The information you share with our staff allows us to better design an exciting, appropriate, and challenging program for your child.

*To protect your family’s privacy, this form will remain in your child’s confidential file in our main administrative office and will be accessed only by the professional ECL staff.*

Date \_\_\_\_\_

Child’s full name \_\_\_\_\_

Child’s birth date \_\_\_\_\_

Child’s preferred name (or nickname) \_\_\_\_\_

Male  Female

For the upcoming year, this child is enrolled in the:

Infant Program

Toddler Program

AM Red Room Preschool

PM Red Room Preschool

AM Green Room Preschool

PM Green Room Preschool

Parent/Guardian 1 full name	Parent/Guardian 2 full name
Age	Age
Occupation	Occupation
Educational level attained	Educational level attained
Major/Specialty	Major/Specialty
Lives in child’s home?	Lives in child’s home?

Please check any that apply:

I/We adopted this child when s/he was \_\_\_\_\_ / \_\_\_\_\_ years/months old.

I/We are foster parents for this child.

Child’s siblings

Name	Sex	Birthdate	Living in household?	Attends/attended CCFS?

Is there anyone else living in child’s household? \_\_\_\_\_

Is your family living in the U.S. permanently or temporarily? \_\_\_\_\_

Languages spoken in the child's home (listing most frequently spoken language first):

Please describe any pertinent legal or physical custody arrangements or visitation schedules: attach additional sheets as necessary.

Has your child had any prior experience in a group care or education setting?

Does your child play with other babies or young children?

daily    several times a week    weekly    occasionally    rarely

Please describe any additional routine childcare arrangements for this child for the upcoming year:

When you leave your child in the care of a non-parental caregiver, what is his/her typical response? How easily does s/he become comfortable?

### **Family Goals and Culture**

What experiences do you hope the Early Childhood Lab (ECL) will provide for your child?

What short-term goals do you have for your child this year?

What long-term goals do you have for your child?

What aspects of your home culture do you want to ensure are maintained for your child?

What elements of your home culture would you like to share with our program?

**Health History and Current Health Status**

Child's birth weight: \_\_\_ lbs. \_\_\_ oz. Birth length \_\_\_\_\_ inches      PREMATURITY? \_\_\_\_\_

Has this child had any serious illnesses, operations, injuries or health issues that might affect program attendance or activity?

If yes, please explain:

The ECL strives to design an inclusive program that is able to serve children with a broad range of developmental needs and differences. Please describe here any developmental concerns, differences or diagnoses that might indicate a need for individualized support, accommodations or modifications in a classroom setting.

Do you have any other questions or concerns about your child's development?

*Each teaching team will discuss with you more specific aspects of health, dietary requirements, allergies and toileting/diapering. A formal Infant Care plan will be written and updated quarterly by the Infant Program staff in collaboration with each family.*