

Early Childhood Lab School
Child and Family Information

Preschool Age Child – Returning Family

Welcome to a new lab school year. The information requested here will help this year’s teaching staff begin to become acquainted with your child and family. You will be able to discuss additional developmental information and questions during the teachers’ home visit prior to the beginning of school.

We encourage you to be open, detailed, and transparent about your child’s individual strengths and challenges. This information you share with our teaching staff allows us to better design an engaging and appropriate program for your child.

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

Date:	
Child’s full name:	Child’s birth date:
Child’s preferred name (if different):	<div style="display: flex; justify-content: space-around; width: 100%;"> Male Female </div>

Child’s Parents/Guardians: indicate which parent is completing this form P1 P2

<u>Parent/Guardian 1</u>	<u>Parent/Guardian 2</u>
Full name	Full name
Age	Age
Occupation and employer	Occupation and employer
Educational level attained	Educational level attained
Major/Specialty	Major/Specialty
Lives in child’s home?	Lives in child’s home?

Child’s Siblings

Name	Sex	Birthdate	Living in household?	Attends/attended ECL?	School/Grade

Is there anyone else living in child's household? If yes, who?	Yes	No
Are parents living together? If no, to whom should correspondence be addressed?	Yes	No
Please describe any pertinent legal or physical custody arrangements or visitation schedules: attach additional pages as necessary.		
Languages spoken in the child's home (listing most frequently spoken language first):		
Please describe any additional childcare/educational arrangements for your child for the upcoming school year:		
Please describe your child briefly. Do they have any special interests? What makes them happy? What is hard for them?		

Has your child had any serious illness, operations, injuries, or health issues that might affect program attendance or activity? Yes No

If yes, please explain:

Explain any concerns you may have about your child's development:

Has your child been screened for any delays or differences?

Yes

No

If yes, which?

Please list any medical, behavioral, psychological, or academic diagnoses that your child may have. If you have any diagnostic reports, IFSPs, or IEPs, we encourage you to include copies with this form so that we may work together to provide the best possible support for your child.

Optional Demographic Information

Any information you provide in this section will be used to help us design a program that is sensitive to your family's home culture and identity. It will remain confidential and will not be used in a discriminatory manner.

<i>X</i>		<i>Details:</i>
	Child with special rights or learning disabilities	
	Racial identity	
	Cultural identity	
	Ethnic or national origin	
	Religious identity	
	LGBTQ family	
	Single parent family	
	Adopted family	
	Foster family	
	<i>Other:</i>	