

Child Information

Previous schools/daycare facilities attended

Name: _____ Dates: _____

Address: _____ Phone: _____

Reason for leaving _____

Name: _____ Dates: _____

Address: _____ Phone: _____

Reason for leaving _____

Activities enjoyed most:

Scheduled extracurricular activities (music, art, classes, sports):

Other pastimes:

Average number of hours of: _____ Weekdays _____ Weekends

TV viewing

Video Games

Computer

Listening to music/radio

Child's individual characteristics (strengths, weaknesses):

Please comment on child's play (inside and outside activities):

Family picture

We are aware that households today are not necessarily "traditional". It is important for us to understand the child's relationship to all significant adults in his/her life. Please list the adults living in the same home and describe their relation to the child.

Parent/Guardian's Name: _____ Relationship to child: _____

Education background: _____

Interests, skills, hobbies: _____

By what name does child address this parent/guardian? _____

Parent/Guardian's Name: _____ Relationship to child: _____

Education background: _____

Interests, skills, hobbies: _____

By what name does child address this parent/guardian? _____

Other adults living in household and relationship to child: _____

Description of house/yard: _____

How long has child lived in this area? _____

Please indicate if child's time is spent in two households and how much time is spent in each one: _____

Religious or spiritual affiliation? _____

Languages spoken in the home: _____

Brothers and Sisters: Birth Dates Present school and grade

Family activities: _____

Characterize social interactions with:

Siblings:

Peers:

Parents:

Other adults:

How do you discipline your child's behavior: _____

Confidential Information

Child's Medical History

Is your child's health in general good, fair or poor?

List serious illnesses, injuries or operations from birth to present (give dates):

Medications your child is taking:

Any diagnosed or suspected allergies?

Reactions:

Does child have frequent colds, nosebleeds, headaches, or run high fevers (102+), when ill?

Does your child have any respiratory weakness, e.g. asthma, hay fever, bronchitis?

Any physical characteristics that might require special attention, i.e. seeing, hearing, walking, or speaking?

Can he/she take a part in a normal physical education program?

Does child wear glasses or have a hearing aid? (Specify condition and how long):

Last dental visit? _____ Special dental work? _____

Is child left or right handed? _____

Is child accident prone? _____

Specify any diet restrictions (sugar, meat, dairy):

Specify any strong preferences or dislikes in food:

Has he/she had an intelligence test, psychological testing or psychological treatment? If yes, specify dates, results, with whom, situation:

Are there any learning problems, fears or needs you are aware of?

Has your child been asked to leave another school because of behavior problems?

Any further comments?

Child's Medical History

Age of parents at child's birth (if known):

Parent's Name: _____ Age: _____

Parent's Name: _____ Age: _____

Circle the appropriate responses

When your child was an infant would you consider he/she to have been

Under Active Normally Active Over Active

Light sleeper Sound sleeper

Did child change residence? Yes No

Change country? Yes No

At what age? _____

When did the child sit up? _____ Crawl? _____ Walk? _____

Describe language development (age of first words, sentences):

Toileting completed at what age? _____

Bedwetting? _____

Please describe your routines

Morning: Please describe your morning routine: the time your child wakes up; do you awaken your child? Does s/he get up on his/her own? What is the order for getting ready for school? Who eats breakfast with your child? What does your child eat? What are the various members of the family doing (i.e. mom showers while dad dresses the child etc.)

After school: Please describe your child's time after school, including nap and prep for nap, if relevant. Please include errands after school, dinner, time preparation, etc:

Dinner time: Please describe your child's dinner time routine, including time, who is at the table, the child's temperament, etc.

Describe child's diet and eating habits (picky eater, etc.) from birth to present:

Bed time: Please describe your child's bed time routine, including time each activity is done (i.e., in tub at ____pm on the following days _____ out of tub at ____; stories at ____; lights out at ____; child calls for parent at ____; wakes in the middle of the night ____nights a week, etc. :

Weekend: Please describe your child's weekend with the same detail, including family outings, errands, activities, etc.:

Saturday:

Sunday:

Please let us know if there are any specific concerns that you have about your child development. As well, please let us know if there is an area you are struggling with at home.

Further comments:

Parent / Guardian Signature

Date

Facility Representative

Date

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