

The Children's Center of Pittsburgh

## CHILD'S BACKGROUND INFORMATION

This information will help the teachers fully understand your child's needs, to help him/her feel more comfortable in a new setting. Please complete only those areas that apply to your situation. If additional space is needed to answer any questions, use an additional piece of paper. All information will be confidential. We look forward to developing a partnership with your family!

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Family's ethnic and religious background: \_\_\_\_\_

Are there cultural or religious holidays you observe that you would like to share with the class? \_\_\_\_\_

\_\_\_\_\_

Do you speak any other language(s) with your child other than English at home? \_\_\_\_\_

If yes, which one(s)? \_\_\_\_\_

### FAMILY RELATIONSHIPS

Parent/Legal Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

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If parents are separated/divorced, what are the child's specific living and visitation arrangements (lives with one parent, spends time with both, etc.)? \_\_\_\_\_

\_\_\_\_\_

If only one parent has custody of the child, does the non-custodial parent have permission to pick up the child at TCCP? TCCP will release a child to either parent unless there are legal documents provided for us to follow. \_\_\_\_\_

Is your child adopted? If so, how old were they at the time of adoption? Are there any details of the adoption you would like us to know? \_\_\_\_\_

\_\_\_\_\_

Please list the names and birthdates of your child's siblings: \_\_\_\_\_

\_\_\_\_\_

Are there other adults and/or children living in your home? Please list their names and relationship to the child: \_\_\_\_\_

\_\_\_\_\_

Please give any pertinent information about pets in your home: \_\_\_\_\_

\_\_\_\_\_

Is there any additional relevant information about your child's home life you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL DEVELOPMENT INFORMATION**

Pre-Natal and Post-Natal Experiences

Normal Pregnancy? \_\_\_\_\_ If no, briefly describe any difficulties: \_\_\_\_\_

Length of labor and delivery? \_\_\_\_\_ Child's Birth Weight: \_\_\_\_\_

Developmental Milestones (as applicable)

Age your child began to sit without support \_\_\_\_\_ crawl \_\_\_\_\_ walk unaided \_\_\_\_\_

Age your child began to speak recognizable words \_\_\_\_\_ feed self \_\_\_\_\_

Is your child presently (or have they been) breast-fed? \_\_\_\_\_

Is your child presently using a cup for drinking? \_\_\_\_\_

Is your child presently using a bottle? If not, at what age was your child weaned? \_\_\_\_\_

What age did your child begin to eat food from the family table? \_\_\_\_\_

Toilet Learning (as applicable)

At what age was toilet learning initiated and how? \_\_\_\_\_

Age of daytime dryness: \_\_\_\_\_ Age of nighttime dryness: \_\_\_\_\_

At present, does your child need reminders about toilet learning? \_\_\_\_\_

What are names/words you use in your home for the following:

Urination: \_\_\_\_\_ Bowel Movement: \_\_\_\_\_ Genitals: \_\_\_\_\_

Does your child have bowel movements at a particular time of day? \_\_\_\_\_

Current Sleep Habits

Bedtime hour: \_\_\_\_\_ Hour of waking: \_\_\_\_\_

Nap schedule: \_\_\_\_\_ Mood upon waking: \_\_\_\_\_

How does your child act when tired? \_\_\_\_\_

Does your child have any favorite transitional objects (blanket, stuffed animals, etc.)? \_\_\_\_\_

Does your child have any sleeping difficulties? \_\_\_\_\_

Where does your child regularly sleep? \_\_\_\_\_ Do they share a bedroom or a bed? \_\_\_\_\_

Does your child take a bottle at naptime? \_\_\_\_\_

Does your child prefer to sleep on their stomach? \_\_\_\_\_ back? \_\_\_\_\_ side? \_\_\_\_\_

Do you have a special way of helping your child go to sleep? \_\_\_\_\_

Does your child usually cry when going to sleep? \_\_\_\_\_ For how long? \_\_\_\_\_

Does your child usually cry when waking up? \_\_\_\_\_ For how long? \_\_\_\_\_

Current Eating Habits

Favorite foods: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Does your child exhibit any unusual feeding behavior or eating patterns? \_\_\_\_\_

Is your child on a special or restricted diet? \_\_\_\_\_

Are there any foods you would NOT like your child to have in our care? \_\_\_\_\_

Name of formula presently using (if applicable): \_\_\_\_\_

Social Development

What experiences has your child had in being around other children? \_\_\_\_\_

How does your child relate to other adults? \_\_\_\_\_

When you have time together, what things do you do with your child? \_\_\_\_\_

How do you typically limit or discipline your child? \_\_\_\_\_

How does your child act when you have to leave them? What do you find is best to say or do at these times? \_\_\_\_\_

Play Interests

What are your child's favorite activities? \_\_\_\_\_

Are there any TV programs that your child enjoys? \_\_\_\_\_

Emotional Development

Is there anything which causes your child to react in a particularly intense, angry, or fearful way (water, loud noises, animals, unfamiliar people, unfamiliar places, etc.)? \_\_\_\_\_

Has your child experienced any significant events in his/her past (death, illness, hospitalization, accidents, relation, extended separations, etc.)? Please describe what you want us to know about the experience: \_\_\_\_\_

How does your child show he/she is unhappy, frightened, upset, or needs comforting? How do you handle these situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Information

Does your child have any health issues? \_\_\_\_\_  
\_\_\_\_\_

Has your child had any serious illnesses or operations? \_\_\_\_\_  
\_\_\_\_\_

Does your child have tubes in their ears? If so, what procedures are necessary before swimming? This information is especially important during the summer). \_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to foods or anything in his/her environment? \_\_\_\_\_

Alternative Care

What type of alternative childcare has your child experienced today (private caregiver, daycare home, group daycare, preschool, etc.)? Please give details: \_\_\_\_\_  
\_\_\_\_\_

How has your child reacted to this care? \_\_\_\_\_  
\_\_\_\_\_

What feelings have you had concerning this care? \_\_\_\_\_  
\_\_\_\_\_

At present, have you made alternative care arrangement for the hours your child is not enrolled at TCCP? Please give details: \_\_\_\_\_  
\_\_\_\_\_

Concerns and Comments

Are there any specific concerns you have about your child, and the time he/she will be spending at TCCP? \_\_\_\_\_  
\_\_\_\_\_

Is there any other information about your child, special likes and dislikes or ways you give care, that would be helpful for teachers to know in order to take good care of your child? \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*Thank you very much for your cooperation in providing this background information.*