

# Parent Information

Mother Work Number \_\_\_\_\_

Home Number \_\_\_\_\_

Place of employment \_\_\_\_\_

Social Security Number \_\_\_\_\_

Father Work Number \_\_\_\_\_

Home Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Social Security Number \_\_\_\_\_

## Miscellaneous Information

### Child Care History

Has your child ever been separated from his/her primary caregiver for any length of time?  
Yes/No Please explain

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Has your child ever been in a group care setting before? Yes/ No

Please explain \_\_\_\_\_

How did your child adjust to this environment?

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### Health

Is your child unusually hungry for meals? Yes/ No      Snacks? Yes/ No

Does your child have ANY food allergies? \_\_\_\_\_

Do you have any concerns about your child's eating habits? Yes/ No Please explain

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What time does your child normally go to bed? \_\_\_\_\_

Wake up? \_\_\_\_\_ Nap? \_\_\_\_\_

Does your child use the toilet? Yes/ no

What word does your child use for urination? \_\_\_\_\_

A bowel movement? \_\_\_\_\_

Does your child dress her/him self? Yes/no

Has your child had severe injury or illness we might need to know about? \_\_\_\_\_

Does your child have any difficulty with hearing or vision? Yes/ No please explain \_\_\_\_\_

What are you looking for from us here at ABC Child Development  
Center? \_\_\_\_\_

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Parent Signature

Date

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