



ECEC CHILD INFORMATION FORM

Please return this confidential form with your registration paperwork. A copy of this form will be given to your child's teacher. This helps us to better know and understand your child so that we may provide the best possible experiences for him or her.

School Year _____

Child's Name _____ Sex _____ Age _____

Nickname _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Pediatrician _____ Phone _____

Parent's Name _____ Date of Birth _____

Occupation _____ Office Phone _____ Cell _____

Parent's Name _____ Date of Birth _____

Occupation _____ Office Phone _____ Cell _____

Other adults living with family or who share child rearing _____

Who has custody of the child? _____

Other children in family (name & age) _____

Has your child attended another school? _____. If yes, reason for leaving: _____

Describe any significant childhood illness (i.e. chicken pox), accidents, or hospitalizations _____

Is your child on any medication? _____. Why? _____

Describe any physical handicaps _____

List any allergies _____

OVER

Please give information on the following where applicable:

Do you have any concerns about your child's speech, hearing, or vision? _____

Is your child potty trained? _____

Potty habits (uses special words, needs help, etc.) _____

Sleep and nap habits _____

Any special fears? _____

Favorite toys _____

Do you have a pet? (name, kind) _____

Is your child enrolled in any group activities? _____

Describe the type of discipline you have found most effective with your child:

Is there anything else we should know about your child _____

In what ways do you expect our program to help your child? _____

What special activities would you like to see your child experience? _____

Do any of your family members have a hobby, talent, or special interest to share with the school children? (music, profession, etc.) _____

**YOUR NAME, ADDRESS, AND PHONE NUMBER MAY BE GIVEN TO
THE PARENTS OF THE CHILDREN IN YOUR CHILD'S CLASSROOM.
IF YOU DO NOT WISH TO HAVE YOUR INFORMATION RELEASED,
Please let the ECEC Office know by THE FIRST WEEK YOU ARE IN SCHOOL.**