



Ladybug Child Care Center

Getting to Know Your Preschooler

Child's Full Name: _____

Child called: _____ Date: _____

Child Lives With:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Sibling's names & ages: _____

Non-Custodial Parents:

Name: _____ Relationship to child: _____

Does the child see this person? _____ Will this person interact with your child at the Center? _____

Any restrictions/limitations (COPY OF LEGAL DOCUMENTS MUST BE FURNISHED): _____

Health

Birthdate: _____ Birth Weight: _____ Birth Length: _____ Premature: Yes No

Does your child seem well most of the time? Yes No

Is your child taking any medications regularly (such as Tylenol, laxatives, vitamins, etc.) Yes No

If yes: what, why & when? _____

How many ear infections has child had in the past year? _____

Has your child ever been seen by a medical specialist? Yes No

If yes, explain: _____

Has your child had any other illnesses/diseases? Yes No

If yes, explain: _____

Has your child had any serious accidents, hospitalizations, etc.? Yes No

If yes, explain: _____

Has your child had any of the following (please explain all that you marked):

_____ Birth injury or defect: _____

_____ Seizures: _____

_____ Breathing problems: _____

_____ Head injuries: _____

_____ Allergies, eczema, hives, drug/food intolerances, asthma/wheezing, insect stings: _____

_____ Other: _____

Developmental History:

Has your child been away from you before: Yes No How frequently? _____

Has your child been in a group before? Yes No If yes, explain: _____

How does your child handle separation from parent? Without upset briefly/mildly upset

Is child easily frightened? Yes No If yes, explain: _____

How do you comfort your child? _____

Emotional Behavior: (please indicate all that apply)

Happy Calm Active Whining Excitable Cheerful Stubborn Crying Cooperative

Quiet Independent Wants own way Temper tantrums Easily angered Bossy

How does your child display anger? _____

What behavior do you find most difficult to deal with and how do you handle it? _____

What disciplines are most effective with your child? _____

Sleep Patterns:

Describe any special ways of helping your child go to sleep? _____

What is your child's present sleep pattern?

Night: from _____ to _____ Nap: from _____ to _____
(Indicate one) every day every 2nd day varies

Other information: _____

Food Patterns:

Does your child have any food intolerances or allergies? _____

(Special diet instructions and allergy information must be provided to Ladybug using the *Health Care Summary* completed by your child's physician.)

Does your child refuse any foods? (Please list) _____

Other information: _____

Toileting Patterns:

How does your child indicate a need?

___ goes on his/her own
___ needs adult to take him/her to toilet (how often?) _____
___ tells adult he/she needs to use toilet (with what words?) _____

How often does your child have an accident? _____

Other information: _____

Social & Academic Skills:

Social Behaviors (please indicate all that apply):

Outgoing Afraid of new people Shy Loud Quiet Adaptable Worries Easy going
Meets new people easily Adjusts slowly Adjusts quickly Aggressive Gives in easily
Stands up for him/herself

What are child's favorite toys and activities? _____

Is your child: left-handed right-handed no preference yet

Please indicate which of the following your child can do:

___ print first name ___ print last name ___ recite parent(s)' first name(s)
___ tie shoes ___ recite street address ___ recite name of hometown
___ count to: _____ ___ recite telephone number ___ read At what grade level? _____

Does your child have any learning or behavior problems that require special attention? _____

If yes, explain and indicate how this is being handled now:

What will Ladybug staff need to do to help?

What would you like us to do for your child?

Suggestions to help us be more effective with your child?

Additional Comments: _____

Thank you for helping us get to know your child!