



Adventures In Learning – Preschool and Child Care Center
Child/Family Personal History

The purpose in securing this information about your child is to help the AIL staff of teachers and caregivers better understand your child's needs, concerns, and responses, allowing us to offer the best and personalized care we can for your child. All information is kept confidential and requires your written permission if it is to be shared. Some questions may not be applicable to your child at this time; please leave them blank. Thank you for your cooperation in partnering with us in the care of your child.

Date _____

Family and Social History:

Child's Name _____ Known as _____

Sex _____ Age _____ Date of Birth _____

Address _____

Mother(guardian) _____ Occupation _____

Father(guardian) _____ Occupation _____

Marital status: Married Divorced How long? _____

Single Parent Separated How long? _____

Custody/visiting arrangements: _____

Siblings: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other members of the household (include relationship and age) _____

How long have you lived at your current address? _____

Do you speak a language at home other than English? _____ If so, what? _____

Are there special words that would help us communicate with your child? _____

Are there any cultural practices or holidays you would like us to know about? _____

What age was your child when he/she first separated from Mom and/or Dad? (i.e. illness, hospitalization, babysitter, school, daycare, etc.) _____

Date _____ Explanation _____

Personal History:

Type of birth: Full Term Premature

Any Complications? _____

Age he/she began sitting _____ Crawling _____ Walking _____

Is he/she a good climber _____ Does he/she fall easily? _____

Age he/she began talking _____ Does he/she speak in words _____ or Sentences _____

Does he/she have any speech problems? _____

Other language _____ Special words to describe his/her needs _____

Sleeping:

What time does child go to bed? _____ Awaken? _____

Is he/she ready for sleep? _____ Does he/she have his/her own room? _____ own bed? _____

Does he/she walk, talk, or cry out at night? _____

What item does he/she take to bed with him/her? _____

Does he/she take naps? _____ From when to when? _____

Social Relationships:

Has he/she had experiences in playing with other children? _____

By nature, is he/she Friendly Aggressive Shy Withdrawn

How does he/she get along with his/her brothers or sisters? _____

Other adults? _____

With what age child does he/she prefer to play? _____

Will he/she know any children in our preschool/childcare? _____

What makes him/her angry or upset? _____

How does your child show his/her feelings? _____

What method of behavior control is used in your home? _____

Who does most of the disciplining? _____

Is your child frightened of any of the following? Animals Tall People Loud Noises Dark Storms

Anything else? _____

What is your child's usual reaction? _____

How much time does your child spend using electronic media each day? _____

TV _____ Computer _____ Games _____

Is there anything else you would like us to know about your child? Yes No

If so, please explain:

Parent/Guardian Signature: _____ Date: _____