

Community Day Care & Preschool, Inc.

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Community Day Care & Preschool **Child History Form** (for all programs)

Child's Name:

Date of Birth

Sex:

Siblings:

Parent's Occupation:

Parent's Occupation:

Other adults living in the house:

Has your child been in child care before? What experiences has he/she had playing with other children? Please describe the philosophy and routine of the other center.

Will your child have any additional child care arrangements? Please describe.
(Day of the week, type of situation, etc.)

How well does your child separate from you? What has worked in the past to help with separation and transition into a preschool setting?

What are your child's favorite activities?

Medical Information

Has your child experienced a serious illness and/or been hospitalized? Please explain.

Does your child take medication regularly? Please explain type of medication and conditions requiring it, as well as potential reactions. Will it be necessary to administer during your child's time at CDC?

Does your child have any allergies? Please describe.

Does your child have any other special needs the staff should be aware of?

Family History

Have you recently moved? Please describe. How old was your child?

If you are single, divorced or remarried, what are the custody or visitation arrangements?

Are there any other children who live/visit a portion of their time with you and with another parent? Are there any step-parents or step-siblings?

Are there any court orders prohibiting anyone from visiting and/or picking up your child? Please explain. (We need a copy of the court order for our files.)

Does your child have any food restrictions either on a daily basis or during certain times of the year (for example, let, passover)? Please explain.

Do you have any celebration restrictions (for example, birthday, July 4th)?

Please tell us any other information that will be helpful for us to get to know your child better.