



CLC Family History Forms

Child's Name: _____ DOB: _____

Primary Language: _____ Secondary Language: _____

Family Makeup

1. How many children live in your household? _____

Names and ages? _____

2. How many adults live in your household? Names and relationship to child? _____

3. Do you have pets? Names and species. _____

4. Anything we should know about your family dynamic (blended family, split parents, etc.)?

5. What do the parents/ guardians do for work?

Parent/ Guardian Name: _____

Place of work: _____

Occupation: _____

Parent/ Guardian Name: _____

Place of work: _____

Occupation: _____



Meals

6. Do you have regular mealtimes? If so, what times?

Breakfast: _____

Lunch: _____

Snack: _____

Dinner: _____

7. Describe your mealtime routine? (Sitting at a table, on the couch, in the car, etc. In a chair, highchair, on lap, etc.)

8. What are your child's favorite foods? _____

Least favorite foods? _____

Infant Feeding Question

9. Is your child breast fed? Yes _____ No _____

If yes, have you introduced a bottle yet? Yes _____ No _____

10. Is your child formula fed? Yes _____ No _____

If yes or if you supplement with formula, please list the name of the formula below

CLC Provides Parent's Choice Formula. Which (if any) of the following would you be comfortable with your child drinking while at CLC.

Advantage _____

Gentle _____

Sensitive _____

Infant _____

Other _____

11. How many oz does your baby eat and how often? _____ oz every _____ hours

12. Have you introduced purees/ baby food to your child? Yes _____ No _____

If yes, check all that you have tried.

Peas _____

Carrots _____

Green Beans _____

Sweet Potato _____

Pumpkin _____

Butternut Squash _____

All vegetables ok _____

Blueberry _____

Banana _____

Prune _____

Apple _____

Pear _____

Peach _____

All fruits ok _____

Rice Cereal _____

Oatmeal _____

Puffs _____

Teething rusks _____

Teething biscuits _____

All table food ok _____



Health/ Hygiene

13. Does your child brush their teeth? Yes _____ No _____

If yes, please explain your tooth brushing routine. _____

14. Does your child take naps during the day?

How many naps? _____

What time / times? _____ - _____ / _____ - _____ / _____ - _____

15. Does your child sleep with anything special (blanket, paci, stuffed animal, sound machine, night light, etc.)? What is the environment like? _____

Where does your child sleep? _____

16. What is your child's bedtime? _____

Do they wake up throughout the night? Yes _____ No _____

What time do they get up in the morning? _____

17. Does your child wear diapers/ pull ups? Yes _____ No _____

If yes, how frequently do you change their diaper? _____

18. Have you started potty training? Yes _____ No _____

What does that look like? (Diapers. Pull ups, underwear, plastic pants? Frequency of potty visits, what type of toilet they sit on, etc.)

19. Does your child self dress? Check all that apply.

Shirt _____

Pants _____

Socks _____

Coat _____

Underwear _____

Shoes _____

Sweatshirt _____

Zippers _____



Personality

20. What is your favorite thing about your child? _____

21. What makes your child happy? _____

22. What makes your child sad? _____

23. What are your child's special interests/ favorite toys? _____

History

24. Are there any life changes your child has experienced that may affect them?

25. Does anyone in your family have a history of any hearing/ vision problems? Has your child had their vision and hearing screened by specialists? _____

26. What has your child been enrolled in a childcare environment before? If so, what type of environment (in- home, center, preschool, etc.) How was your experience?



Environment

27. What type of technology is used in your home? How often does your child get screen time (tablet, phones, tv/ movies, etc.)? _____

28. What type of discipline techniques do/ will you use with your child (redirection, time outs, natural consequences, spanking, etc.)

29. What developmental goals do you have for your child (physical, social, communication, other)?

30. Are there any ways you would like to be involved in the school or you would like more information about?

- Volunteering in the garden (seasonally)
- Volunteer on CLC clean up days (2 - 3 times/ year)
- Fundraisers/ School events (2 - 3 times/ year)
- Teacher Appreciation (Teacher appreciation week in May, August back to school and Christmas)
- CLC Board (Meets every-other month, made up of community members and parents, encouraged to participate in most of the above, has sub-committees.)
- Other _____



Photo Permission

Your child's image may be captured either by picture or video various times while enrolled at Children's Learning Center. Please initial any/all areas in which you give consent for your child to be photographed/ recorded. Please understand that if you do not approve a specific area below, your child may be temporarily removed from their classroom for the duration of a specific event.

_____ Training Purposes for Volunteers and Employees

_____ Brochures

_____ Newspaper

_____ Display Pictures in the Class or Hall

_____ CLC Website

_____ Social Media (CLC Facebook or Instagram)

_____ Private Facebook Page (Just parents/ guardians of the children in your child's class)

_____ Virtual Meetings with Local Resource Agencies (i.e. Tiny K, Positive Bright Start, Success By 6)