TLC Family Information

Child's Last Name:	Child's First Name:	Preferred Name/Nickname:	Today's Date:

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, ability, and personality that you feel will be helpful to the staff while caring for your child.

What are some of your favorite things about your child?

Please list your child's strengths or favorite things they like to do…

Any dislikes?

Does your child have a favorite toy/stuffed animal?

- ☐ No
- ☐ Yes: _____

Are there any special arrangements, such as shared parenting, living in two homes, or custody specifications, etc?
Additional details?

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of a family member, friend, or pet)
Additional Details?

In what language(s) does your child communicate comfortably?

What other languages are spoken in your home?

Has your child previously attended any formal childcare setting?

- ☐ No
- ☐ Yes, circle one: Center-based, In-home, with family

How do you anticipate your child will handle the transition to our program?

- ☐ My child is excited to attend
- ☐ My child struggles with goodbyes
- ☐ This is my child's first time being away from home for an extended amount of time
- ☐ This will be a difficult transition for my child

Please feel free to explain your response:

What causes your child to feel angry or frustrated?

What routines/actions or items do you use to comfort your child?

Does your child have any siblings?

- ☐ No
- ☐ Yes, how many? _____ Names & Ages?_____

Do you have any pets at home? If so, what are they and what are their names?

Does your child have trouble sleeping?

- ☐ No
- ☐ Yes, Please explain:

Your child's usual bedtime: _____ Your child's usual morning wake time: _____

Your child's usual nap time: _____ Nap duration: _____

Does your child use (at home):

- ☐ Bottle
- ☐ Pacifier
- ☐ Diapers, Circle one: naptime, bedtime, all-day

Does your child sleep:

- ☐ In a bed
- ☐ In a crib
- ☐ In a parent's bed/room

What methods do you use when responding to negative behavior with your child?

Please describe any personality or behavioral characteristics that may be useful, and/or physical, emotional, or learning issues your child may have that you feel we should know about so that we support them throughout the year:

Toilet Training:

- ☐ My child is not toilet trained.
- ☐ My child is toilet trained.
- ☐ We have started the toilet training process. Please explain (assistance needed, method, words/signs/gestures used):

Does your child:

- ☐ Dress themself unassisted (socks, shoes, underwear, etc)
- ☐ Undress themself unassisted (socks, shoes, underwear, etc)
- ☐ Use words to tell an adult when they need to use the restroom

Are there any holidays or traditions that are important to your family?

- ☐ No
- ☐ Yes, please explain:

What are your hopes and aspirations for your child this school year?

Is there anything else about your family that you think we should know so that we can serve you and your child effectively?