



Children's Day Out Introduction Form

This information is for the confidential use of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand him/her.

PLEASE RETURN INFORMATION FORM TO THE TEACHER

Child's Name: _____ Birthday: _____ Sex: M/F (circle one)
Name Called: _____ Right/Left Handed: _____
Parent 1 Name: _____ Parent 2 Name: _____
Has your child attended a Children's Day Out? _____ If Yes, Where: _____
Is your child allergic to any medication or food? _____ If yes, What?: _____
Is your child taking any medication: _____ If yes, What?: _____
Please note any birthmarks or unusual markings on child's body: _____

HOME AND PLAY EXPERIENCES

Name and ages of other children in family: _____
Do other siblings attend Day School? _____
What adults live in the home: _____
Does anyone visit the home frequently or for long periods: _____
With whom does your child stay with when parents are away: _____
With whom does your child play: _____
Does s/he enjoy playing alone?: _____
Favorite play materials?: _____
Does s/he listen to stories/books?: _____
Describe your child's experience with screen time (t.v., computer, etc.) _____

Family experiences which have influenced him/her such as trips, serious illnesses, moves, etc. _____

Pets (give names): _____
What language is spoken in the home?: _____
Are you members of a church?: _____ What Church?: _____
Describe how your child is involved in family worship: _____

DEVELOPMENTAL

Were there any complications at birth? _____
Have you detected any difficulties in: Hearing? _____ Sight? _____ Speech? _____ Other? _____
Has your child received early intervention? (testing or therapy such as speech, physical and/or occupational) _____
If yes, by whom and elaborate on services received: _____
