



Mill Creek Early Childhood Program

Family & Child Information

Child's Full Name _____ Date of Birth _____

Why have you chosen Mill Creek Early Childhood Program for your child to attend?

I believe early childhood education is important for my child because...

Does your child speak another language besides English? _____

If yes, what language do they speak? _____

What language is predominantly spoken at home? _____

Is your child adopted? _____ If yes, at what age? _____ Does your child know they are adopted? _____

Marital Status of Parents/Guardians

___ Together ___ Separated ___ Widowed ___ Divorced

If parents/guardians are not together please outline custody and visitation arrangements below:

Does your child have any siblings? _____

If yes, please list their names and age.

Does anyone live in your child's home besides immediate family members? _____

If yes, what is their relation to your child? _____

Do you have any pets in your home? _____

What type of animal? _____

What is the name of the pet? _____

Parent 1/guardian Name: _____ Date of Birth: _____

Business Name: _____

Business Address: _____

Work Phone: _____ Occupation _____

Additional skills, hobbies or interests: _____

Best way to contact you for non-emergency information: _____

Cell Phone: _____ E-mail address: _____

Parent 2/guardian Name: _____ Date of Birth: _____

Business Name: _____

Business Address: _____

Work Phone: _____ Occupation _____

Additional skills, hobbies or interests: _____

Best way to contact you for non-emergency information: _____

Cell Phone: _____ E-mail address: _____

Are there any additional childcare arrangements besides Mill Creek Early Childhood Program? _____

If yes, what is the name of the caregiver/program? _____

How long have they been with your family? _____

Has your child attended any organized group experiences in the past? _____

If yes, where was this? _____ When and how long did your child attend? _____

How did your child react to the group experience? _____

At what age did you child begin to:

Walk _____

Name simple objects _____

Repeat short sentences _____

Sleep through the night _____

Climb up/down stairs _____

Begin Toilet Training _____

What phrase/word does your child use for:

Urination _____

Bowel movement _____

Does your child get dressed on his/her own? _____

Does your child get undressed on his/her own? _____

Does your child have any fears? _____ If yes, please list them _____

Does your child have Asthma? _____

Does your child have Allergies? _____

What are they allergic to?

If yes to either, please explain and see the Director for the Asthma or Allergy Action Plan

What was your child's height and weight at birth? _____ inches _____ weight

Where there any prenatal complications? _____

If yes, please explain

Where there any complications during or after birth? _____ If yes, please explain

Is your child on any medication? _____

If yes, please list what the medication, when it is administered, and the reason for it.

Has your child been to the dentist? _____ When? _____

Has your child had a vision test? _____ When? _____ Results _____

Has your child had a hearing test? _____ When? _____ Results _____

Does your child have and chronic health conditions or restrictions? _____

If yes, please specify

Please use the space below to tell us more about your child. What your child enjoys, their temperament and how they respond to new situations. What makes them unique? Is there anything else you would like us to know about your child?