

FAMILY AND CHILD INFORMATION

Child's name _____ Nickname _____

Child lives with: both parents _____ mother _____ father _____ other _____

Date of birth _____

Home Address _____ Home Phone _____

_____ E-Mail _____

Mother's Name _____

Father's Name _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Siblings: Names AND ages _____

Pets: _____

Major Holidays your family celebrates _____

Child's previous experience in child care or nursery school _____

If you visited and compared centers, why did you choose Butterhill?

If someone recommended our center to you, may we know their name?

more on the other side

Does your child have any medical, emotional, or developmental concerns that we should know about? _____

Allergies? (environmental/food/medicine) _____

Does he/she see a pediatrician regularly? _____

Had surgery or broken bones or any medical trauma? _____

Speech, hearing or visual problems? _____

Does your child have any fears we should know about? _____

How do you usually comfort your child when he/she is upset or hurt? _____

Favorite food, toys, characters, comfort objects? _____

Important friends & relatives in your child's life _____

Please furnish us with any other information that will help us care for and get to know your child better: _____

If there is something you do not understand, please ask

If something bothers you, please tell us

If something makes you happy or puts you at ease....we'd love to know!