

THE CHILDREN'S CENTER OF PITTSBURGH  
CHILD'S BACKGROUND INFORMATION

This information will help the teachers fully understand your child's needs, in order to help him/her feel more comfortable in a new setting. Please complete only those areas that apply to your particular situation. If additional space is needed to answer any questions, continue on the other side of the page. All information will be confidential. We look forward to developing a partnership with your family!

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Family's ethnic and religious background \_\_\_\_\_

Are there cultural or religious holidays you observe that you would like to share with the class? \_\_\_\_\_

Languages other than English spoken at home \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Schedule \_\_\_\_\_ Work Telephone \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Schedule \_\_\_\_\_ Work Telephone \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

FAMILY RELATIONSHIPS

- If parents are separated/divorced, what are the child’s specific living and visitation arrangements (e.g., lives with one parent, spends time with both, etc.)? \_\_\_\_\_  
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- If only one parent has custody of the child, does the non-custodial parent have permission to pick up the child at the Center? TCCP will release to either parent unless there are legal documents provided for us to follow. \_\_\_\_\_  
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- Is your child adopted? \_\_\_\_\_ If so, how old was he/she at time of adoption \_\_\_\_\_  
Other details of the adoption you’d like us to know: \_\_\_\_\_  
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- Please list names and birthdate of siblings:

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- Are there other adults and/or children living in your home?

<u>Name</u>	<u>Relationship</u>
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- Please give any pertinent information about pets in your home: \_\_\_\_\_  
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- Is there any additional relevant information about your child’s home life you would like us to know? \_\_\_\_\_  
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**GENERAL DEVELOPEMENT INFORMATION**

• Pre-Natal and Post-Natal Experiences

1. Normal pregnancy? \_\_\_\_\_ If not, briefly describe any difficulties  
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2. Length of labor and delivery \_\_\_\_\_ 3. Child's birth weight \_\_\_\_\_

• Developmental Milestones (as applicable)

Note the age at which your child:

Sat without support? \_\_\_\_\_

Crawled? \_\_\_\_\_

Walk unaided? \_\_\_\_\_

Talk (recognizable words)? \_\_\_\_\_

Began to feed self? \_\_\_\_\_

Is your child presently (or has she/he been) breast-fed? \_\_\_\_\_

Does your child use a cup for drinking? \_\_\_\_\_

Is your child using a bottle? \_\_\_\_\_

If not, at what age was your child weaned? \_\_\_\_\_

At what age did child begin to eat food from the family table? \_\_\_\_\_

Toilet learning (as applicable):

When initiated and how: \_\_\_\_\_

Age of daytime dryness: \_\_\_\_\_ nighttime dryness: \_\_\_\_\_

Does your child need reminders at present? \_\_\_\_\_

Child's name for or parents' preferred names for:

Urination                      Bowel Movement                      Genitals

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Does your child have a typical time for bowel movements? \_\_\_\_\_

Current Sleep Habits

Bedtime hour: \_\_\_\_\_ Hour of waking: \_\_\_\_\_

Nap schedule: \_\_\_\_\_ Mood of waking: \_\_\_\_\_

How does your child act when tired? \_\_\_\_\_

Does your child have any favorite transitional objects (i.e., blanket, stuffed animal, etc.)? \_\_\_\_\_

Does your child have any sleeping difficulties? \_\_\_\_\_

Where does your child regularly sleep (does he/she share a room or bed)? \_\_\_\_\_

Does your child take a bottle at naptime? \_\_\_\_\_

Does your child prefer to sleep on his/her stomach? \_\_\_\_\_ back? \_\_\_\_\_

Do you have special ways of helping your child go to sleep? \_\_\_\_\_

Does your child usually cry when going to sleep? \_\_\_\_\_ how long? \_\_\_\_\_

Does your child usually cry when waking up? \_\_\_\_\_ how long? \_\_\_\_\_

Current Eating Habits

Favorite foods: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Does your child exhibit any unusual feeding behavior or eating patterns? \_\_\_\_\_

Is your child on a special or restricted diet? \_\_\_\_\_

Are there any foods you would not like your child to have? \_\_\_\_\_

Name of formula presently used (if applicable) \_\_\_\_\_

Social Development

What experiences has your child had in being around other children? \_\_\_\_\_

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How does he/she related to other adults? \_\_\_\_\_

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When you have time together, what things do you do with your child? \_\_\_\_\_

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How do you typically limit or discipline your child? \_\_\_\_\_

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How does your child act when you have to leave him/her? What do you find is best to say or do at these times? \_\_\_\_\_

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Play Interests

What are your child's favorite activities? \_\_\_\_\_

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Are there any TV programs your child enjoys? \_\_\_\_\_

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Emotional Development

Is there anything which causes your child to react in a particularly intense, angry, or fearful way (i.e., water, loud noises, animals, unfamiliar people, unfamiliar places, etc.)? \_\_\_\_\_

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Has your child experienced any significant events in his/her past (i.e., death, illness, hospitalization, accidents, relocation, extended separations, etc.). Please describe what you want us to know about the experience? \_\_\_\_\_

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How does your child show he/she is unhappy, frightened, upset, or needs comforting? How do you handle these times? \_\_\_\_\_

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Health Information

Does your child have any health issues? \_\_\_\_\_

Has your child had any serious illnesses or operations? \_\_\_\_\_

Does your child have tubes in his/her ears? If so, what procedures are necessary before swimming? (This information is especially important during the summer.) \_\_\_\_\_

Is your child allergic to foods or anything in his/her environment? \_\_\_\_\_

Alternative Care

What type of alternative child care has your child experienced to date (i.e., private caregiver, day care home, group day care, preschool, etc.)? Please give details: \_\_\_\_\_

How has your child reacted to this care? \_\_\_\_\_

What feelings have you had concerning this care? \_\_\_\_\_

At present, have you made alternative care arrangements for the hours your child is not enrolled at the Center? Please give details: \_\_\_\_\_

Concerns, Comments

Are there any specific concerns you have about your child, and the time he/she will be spending at the Center? \_\_\_\_\_

Is there any other information about your child - special likes and dislikes or ways you give care - that would be helpful for teachers to know in order to take good care of your child? \_\_\_\_\_

Thank you very much for your cooperation in providing this background information.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_