



The Big Barn Preschool
888 S. Roselle Road, Schaumburg, IL, 60193
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Where Children Come to Learn & Play!

Record Of Child Information

Please complete this form to help us to get to know your child and their individual needs. The more information you give us the better. Please feel free to add anything you can think of that may help us to serve your child better.

Child's Name: _____ DOB: _____

Health / Personal History

Type of Birth: Normal _____ Premature _____ Any complications _____

Does your child have any play restrictions? Indoors _____

Outdoors _____

What arrangements can be made for child's care during illness? _____

What communicable diseases has your child had? Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Any serious illness or hospitalization? _____

Any physical disabilities? _____

Any other disabilities/special needs? _____

Known allergies? _____

Any medications given regularly? _____ Kind and directions for use _____

Any foods child **cannot** eat? _____

Food dislikes? _____

Any bathroom issues? _____

Sleeping Habits

What time does child go to bed? _____ Awaken? _____

Does child have own room? _____ What is child's mood upon awakening? _____

Does child nap? _____ Typical length _____

Social Relationships

Marital Status of Parents _____

If divorced or separated, who is custodial parent? _____

Visitation arrangements with non-custodial parent _____

Has child been in child care before? Type _____

Where _____

By nature is your child _____ Friendly _____ aggressive _____ shy _____ withdrawn _____ other _____

How do you feel your child adjusts to a child care setting? _____

Typical reaction to new situations/ people? _____

Does child enjoy being alone? _____ With friends? _____ With Parents? _____

What makes child mad? _____ Sad _____ Upset _____

How does child show feelings? _____

What helps your child deal with the situation? _____

How do you comfort your child? _____

Child is frightened by animals? _____ dark _____ loud noises _____ storms _____ other _____

Primary language _____ Secondary language(s) _____

Special words child uses to describe needs/ things.

What else should we now?

How can we help your child this year?