



Arlington Children's Center
Family Information

Child's Name (Last)	(First)	Nickname (If any)
<p>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</p>		
<p>Who is in the child's immediate family?</p>		
<p>Who lives at home with your child?</p>		
<p>What is the primary language spoken in your child's home?</p>		
<p>Are there any special arrangements, such as parenting, living in two homes, or custody specifications, etc.? Additional Details?</p>		
<p>Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of a family member, friend or pet)?</p>		
<p>Are there any cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing, head coverings, etc.)</p>		
<p>Has your child had a previous care arrangement? Yes or No Additional Details? (Center based, in home, with family, with parents, etc.)</p>		
<p>Are there any food your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)</p>		
<p>Please circle <u>all</u> of the words that best describe your child's personality and behavior Active adventurous anxious bossy bright busy calm cautious cheerful social creative sensitive emotional energetic excitable stubborn happy insecure jealous likes structure/routines quiet loving</p>		
<p>Is your child toilet trained? If not, have you started the toilet training process?</p>		

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian Signature

Date