



Emory & Henry College Child Development Center • 30257 Oxford Ave. • Emory, VA 24327 • 276-944-4121

CHILD INFORMATION FORM

Child's Preferred Name: _____

Current t-shirt size: _____

Siblings (Names and Ages):

Any other names of special friends (real or imaginary) or family members:

Pets (Kind & Names):

Parents' Occupations:

Father: _____

Mother: _____

Parents are: _____ Together _____ Separated _____ Divorced

What does your child like to do? (Examples: read books, play with dolls, build with blocks, sing, outside play, etc.)

Does your child have any fears? (Examples: dogs, darkness, spiders, etc.)

Your Religious Affiliation / Place of Worship: _____

Does your child take a nap? If yes, when and for how long? _____

Describe your child's appetite:

Always hungry _____ never hungry _____ snacks _____

Snacks all day _____ eats at mealtime _____ has to be coaxed to eat _____

How do you handle food/mealtimes at your house? _____

Is your child toilet trained? _____ Yes _____ No

If not, at what stage is your child in this process? Any special words your child uses for toileting?

Does your child use a blanket, pacifier, or other object for security? ___Yes___No

If yes, what is it and when does your child use it? _____

Is your child **generally**:

Cooperative _____ competitive _____ shy _____

Happy _____ sensitive _____ aggressive _____

Submissive _____ angry _____ silly _____

Does your child usually do what is asked of him or her? _____

Does your child seldom do what is asked of him or her? _____

Please list other behaviors characteristic of your child:

Is there anything else you feel we should know about your child?

Gifts and/or talents that you might be able / willing to share with your child's class:

Are you interested in volunteering or serving as a substitute teacher if needed?

_____Y _____N

If yes, what days and times would you prefer? _____

For Office Use Only

Date Child Information Form Received: _____