



Rochester Childfirst Network

SERVING CHILDREN SINCE 1857

### EARLY CHILDHOOD

Please fill out this form to help us get to know you and your child.  
Please be sure these forms are updated as soon as any change occurs.

**Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

1. What name do you wish us to use at RCN? \_\_\_\_\_
2. Who lives in your home? \_\_\_\_\_
3. Parent's Marital Status: \_\_\_\_\_
4. What are your child's eating habits? Are they a picky eater? \_\_\_\_\_
5. Does your child have allergies (Food, Medication, Environment, etc) or special dietary needs? \_\_\_\_\_
6. Are there any medical or physical problems that require special attention or that we should be aware of? \_\_\_\_\_
7. Are there any known speech, hearing, or vision difficulties? \_\_\_\_\_
8. Is your child toilet trained? From what age?  No  Yes Age \_\_\_\_\_
9. Are there any special words your child uses for the bathroom? \_\_\_\_\_
10. What is your child's general temperament (Are they shy, fearful, flexible, feisty, etc.)? \_\_\_\_\_
11. Does your child display emotional fears, behavior problems, or difficulties in dealing with others?  No  Yes
12. What works best when you discipline your child? \_\_\_\_\_
13. What activities does your child enjoy? \_\_\_\_\_
14. How does your child deal with separation from parents? \_\_\_\_\_
15. Has your child ever been in any type of group care?  No  Yes When/Where? \_\_\_\_\_
16. Does your child take a nap?  No  Yes How Long: \_\_\_\_\_
17. What skills and values would you like RCN to reinforce? \_\_\_\_\_
18. Do you expect any major changes over the next year (birth, move, job):  No  Yes Detail: \_\_\_\_\_
19. Have there been any significant changes in the past year?  No  Yes Detail: \_\_\_\_\_
20. What holidays does your family celebrate? \_\_\_\_\_
21. Are there any special interests either parent may have that can be shared with the children: \_\_\_\_\_
22. Is there anything else you feel we should know to deal more effectively with your child?  No  Yes

Reviewed with parent by (staff member): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date