



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