STEPPING STONES | EARLY CHILDHOOD CENTER

Child/Family Information Sheet

Name of Child: _____

Please list all family members living at home and their relationship to your child. Include schools and ages of siblings.

_____

_____

_____

_____

Does your child have any daycare, preschool, or class experience? If so, please list and describe.

_____

_____

_____

_____

Who provides your child with their daily care (parent/nanny/specific daycare or preschool)?

_____

_____

_____

Please list all languages spoken at home and your child's level of proficiency in each.

_____

_____

_____

Please describe your child's level of independence at home (i.e. gets dressed, puts shoes on, feeds themselves, plays independently, cleans up toys, falls asleep unassisted, etc.).

_____

_____

_____

_____

_____

At what time of day does your child….
Wake up: _____
Go to bed: _____
Nap: _____

Does your child fall asleep unassisted at bedtime? YES NO

Is your child potty trained? YES NO

Does your child have allergies: If yes, please explain.

_____

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Please describe your child's personality and current interests.

Please describe your child's developmental strengths and challenges (social interaction, temperament, separation from caregivers, language/communication, milestones, etc.).

Has your child had a formal developmental evaluation and/or do they receive any services privately or through early intervention/CPSE? Do you have concerns about your child's development? Please explain.

Is there anything else you would like to share about your child?

How did you hear about Stepping Stones? Is there anything about the program that appeals to you?