

2023-2024 STEP BY STEP BACKGROUND INFORMATION FORM

(All information is confidential)

Child's Name _____ Birthdate _____

Sex _____ Place of Birth _____

Name of Mother or Guardian _____

Occupation _____ Work Phone _____

Name of Father or Guardian _____

Occupation _____ Work Phone _____

Custody-Visiting Arrangements _____

If child is adopted, list age at adoption _____ Is child aware of adoption? ____Yes ____No

List siblings and their ages _____

Are there other members of the household? If so, list name and relationship _____

Does your child nap? ____Yes ____No

Does your child have any special fears? (Please specify) _____

Does your child have any problems with vision and hearing? ____No ____Yes If yes, please explain

Does your child have any health problems that we should be aware of? ____No ____Yes If yes, please explain

Are there any food or drinks that your child should not have? ____No ____Yes _____

Do you have any concerns about any aspect of your child's development? ____No ____Yes

If yes, please explain

Is any language other than English used in the home? ____No ____Yes If yes, please explain

Do you feel your child's speech is clear? _____ Can strangers understand when he/she speaks? _____

Has your child had any serious accidents or operations? ____No ____Yes _____ If yes, please explain

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Does your child have any allergies? ____No ____Yes If yes, please explain _____

Does your child take any regular medication? ____No ____Yes If Yes, please explain _____

Are there any special medical, physical, or emotional needs that the staff should be aware of? ____No ____Yes

If Yes, please explain _____

Does your child play well alone? ____ In groups? ____ Are there neighborhood playmates? ____

What age children does your child usually play with? _____

Does your child accept correction easily? ____ What is the method of behavior control used in your home?

Please circle items that describe your child: Happy Dependent Good-natured Sleepy Aggressive
Stubborn Even-tempered Friendly Impulsive Attentive Moody Fearful Sympathetic Clumsy
Quiet Shy Other _____

Has your child learned to (Yes/No)?

Say nursery rhymes? _____	Listen to stories? _____
State their age and sex? _____	Say their name? _____
Dress self independently? _____	Follow simple directions? _____
Count? _____ How far? _____	Name basic colors? _____
Hop on one foot? _____	Balance on one foot? _____
Ride a tricycle? _____	Write name? _____
Draw a person? _____	Other? _____

Please note additional significant accomplishments _____

What are your child's favorite activities? _____

Has your child gone to preschool or child care before? ____ If Yes, please describe their previous experience

What do you hope to be included in this program? _____

Please add any further information that you feel would be helpful. _____

Thank you! Step By Step Preschool Child Development Center Staff