

Callier Child Development Program Child and Family Information

Child's Full Name _____

Name to be called _____

Date of birth _____ Place of birth _____ Gender M | F

Siblings:

Gender

Name _____ Age _____ M | F Living in same household? Y | N

Name _____ Age _____ M | F Living in same household? Y | N

Name _____ Age _____ M | F Living in same household? Y | N

Other persons living in same household as student:

Name _____ Relationship to student _____

Name _____ Relationship to student _____

Language(s) spoken at home _____

If your child has any special needs or conditions that will require special care. (Please explain)

If your child uses any assistive devices or equipment, or receive regular therapy or educational services from another provider. (Please explain)

If your child has experienced any unusual experiences or illnesses that you feel have affected his/her development. (Please explain)

How is your child usually disciplined?

Why did you choose the Callier Child Development Program?

What specific things do you expect your child to gain from this enrollment?

Would you be willing to bring a picture of your home and/or family? Y | N

What holidays if any does your family celebrate and you're willing to share and help us carry over into our school curriculum? (Please give name, date/time of year, etc.)

Is there a special tradition within your family you would like to share?

- Please list special things that are associated with this tradition/holiday (food, activity, story, clothing, etc) _____
- If there are any items associated with this tradition/holiday would you allow the class to borrow it? Y | N
- Would you be willing to come to your child's class to help share part of this special tradition/holiday? Y | N
- If there is anything else you would like the teachers know about this tradition/holiday, please include that here. _____

Additional information you may wish to include:

Parent Name _____

Parent Name _____

Signature of Parent completing this form

Date