



# Families of Faith Christian Academy

## CHILD DEVELOPMENT INFORMATION:

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Household Members:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Pets: \_\_\_\_\_

Favorite Play Thing: \_\_\_\_\_

Favorite Play Activity: \_\_\_\_\_

Special Interest: \_\_\_\_\_

### EATING HABITS

Any Allergies to foods: \_\_\_\_\_

What kind of eater is your child: Good \_\_\_\_\_ Fair \_\_\_\_\_ Picky \_\_\_\_\_

Are there any food your child does not like: \_\_\_\_\_

Are there any difficulties with eating: \_\_\_\_\_

### SLEEPING HABITS

Does your child usually Nap: Yes \_\_\_\_\_ No \_\_\_\_\_ When: \_\_\_\_\_ How long: \_\_\_\_\_

Does your child have a rest routine: \_\_\_\_\_

Does your child tire easily: Yes \_\_\_\_\_ No \_\_\_\_\_

How does your child show this: \_\_\_\_\_

**DRESSING**

Does your child need help with: Pants \_\_\_\_\_ Shirt/Dress \_\_\_\_\_ Socks \_\_\_\_\_ Coat \_\_\_\_\_ Gloves \_\_\_\_\_ Boots/Shoes \_\_\_\_\_

**FEARS**

Is your child afraid of: Storms \_\_\_\_\_ Dark \_\_\_\_\_ Animals \_\_\_\_\_ Bathroom \_\_\_\_\_ Loud Noises \_\_\_\_\_

Other \_\_\_\_\_

**RESTROOM HABITS**

Is your child toilet trained: Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child use the bathroom by his/herself: Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child tell an adult when he/she has to potty: Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child need reminding: Yes \_\_\_\_\_ No \_\_\_\_\_

What words does your child use to indicate they need to indicate bathroom: \_\_\_\_\_

**OTHER**

What do you like best about your child: \_\_\_\_\_

Do you have any concerns about your child: \_\_\_\_\_

Is there anything else you would like to tell us about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date