

# Family Background

Confidential

Child \_\_\_\_\_ Nickname \_\_\_\_\_

Interests \_\_\_\_\_

Habits \_\_\_\_\_

Siblings/Age \_\_\_\_\_

Parent Marital Status       Married     Divorced     Separated     Other

Primary Care Provided by     Both         Father       Mother       Other

Previous Daycare \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Reason for Applying to Hazel Creek \_\_\_\_\_

\_\_\_\_\_

Referred by \_\_\_\_\_ Intended Length of Stay \_\_\_\_\_

Naps \_\_\_\_\_ Schedule \_\_\_\_\_ Habits \_\_\_\_\_

## **HEALTH**

Childhood Diseases \_\_\_\_\_

\_\_\_\_\_

## **DIET**

Allergies \_\_\_\_\_

Special Requirements \_\_\_\_\_

Goals you wish for your child to achieve \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_