

# Close To My Heart Early Childhood and Development Center

## Toddler/Preschool Social Resume

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

### Family

Names of brothers and sisters

Birth Date

_____	_____
_____	_____
_____	_____
_____	_____

Names of others living in the home

Relationship to child

_____	_____
_____	_____
_____	_____

What language is spoken in your home: \_\_\_\_\_

Does your child have any pets?  Yes  No If yes, what are they: \_\_\_\_\_

### FOOD

Describe your child's appetite: \_\_\_\_\_

\_\_\_\_\_

What foods does your child like? \_\_\_\_\_

\_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

\_\_\_\_\_

Does your child feed himself/herself?  Yes  No

Does your child have any food sensitivities or allergies?  Yes  No

If yes, please identify: \_\_\_\_\_

\_\_\_\_\_

What time does your child eat: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Supper \_\_\_\_\_

### Self Care

Is your child in diapers?  Yes  No Comment: \_\_\_\_\_

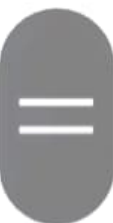
Has training begun?  Yes  No Comment: \_\_\_\_\_

Is your child trained?  Yes  No Comment: \_\_\_\_\_

Does child need help?  Yes  No Comment: \_\_\_\_\_

Does your child need any help with dressing?  Yes  No

If yes, please list: \_\_\_\_\_



## **Sleep**

Describe your child's sleep routine (include naps & lengths of naps): \_\_\_\_\_  
\_\_\_\_\_

## **Social/Emotional Development**

Does your child separate easily from you? \_\_\_ Yes \_\_\_ No

Please comment: \_\_\_\_\_

Is your child afraid of anything? \_\_\_ Yes \_\_\_ No

Please comment: \_\_\_\_\_

Does your child have a favorite toy, blanket, or soother? \_\_\_ Yes \_\_\_ No

Please comment: \_\_\_\_\_

Does your child spend time with other children? \_\_\_ Yes \_\_\_ No

Please comment: \_\_\_\_\_

When your child is upset, what helps COMFORT him/her? \_\_\_\_\_  
\_\_\_\_\_

How does your child show feelings?

Affection: \_\_\_\_\_ Fear: \_\_\_\_\_

Frustration: \_\_\_\_\_ Anger: \_\_\_\_\_

Excitement: \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_

How do you DISCIPLINE your child? \_\_\_\_\_  
\_\_\_\_\_

Special FAMILY situations? (such as custody specifications, problems arising from situations, etc.) \_\_\_\_\_  
\_\_\_\_\_

Any disorder/developmental (slow/advanced) diagnosed or suspected? \_\_\_\_\_  
\_\_\_\_\_

What characteristics in your child's development would you like:

Encouraged: \_\_\_\_\_

Discouraged: \_\_\_\_\_

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date