**Childhood History**

**Child’s Name:**\_ \_

**Child’s Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list siblings and ages:**

 \_ \_

 \_ \_

**How would you describe your child?**

**Experiences with Others**

What other child care experiences has your child had?

What are some of the ways in which you child plays at home? Does your child play with children from other families?

Is the play friendly or are there disagreements?

Does your child usually get his own way with other children? If not, how does your child react?

**Family Time**

Is the entire family together for any time during the day? What are meal times like with your family?

**Routines**

How long does your child nap during the day? What time does your child go to sleep at night? What time does your child usually wake up?

Are routines followed on the weekend?

What does your child typically eat for breakfast, lunch and dinner? What are your child’s favorite foods?

What are your child’s favorite snacks? Is your child potty trained?