

BROOKHAVEN COUNTRY PRESCHOOL

LONG ISLAND AVE., YAPHANK, N.Y. 11980

(631) 924-4033 FAX: (631) 924-4416

INFANT

BACKGROUND INFORMATION FORM

Date _____

Child's Full Name _____

Child's Nickname (if any) _____

Date of Birth: _____ Sex: _____

Child's Home Address _____

_____ Phone# _____

Parent or Guardian Information

Father's Name _____ Phone# _____

Father's Address _____

Place of Employment _____

Father's Occupation _____ Phone# _____

Mother's Name _____ Phone# _____

Mother's Address _____

Place of Employment _____

Mother's Occupation _____ Phone# _____

Family Information

Siblings _____

Please list any other persons living with the child and their relationship (if any) to the child.

PERSONAL INFORMATION

Please fill out this form as thoroughly as you can. It will help us to get to know your child more quickly, work with you more effectively, and help your child derive the greatest rewards and satisfaction from their time at Brookhaven Country Preschool.

Has the child had previous group or childcare experience? _____

If so, where and when? _____

Does your child have any allergies, food or other? _____

Are there any medical problems that we should be aware of?

Does your child have a favorite position to be held in?

Does your child have a special blanket, object, etc. that you use for comforting?

Does your child have any bowel or bladder irregularities?

Is there any special food or eating instructions for feeding routines?

Is there a particular position that works best for burping? _____

Does your child sit in a high chair? _____

Are there any napping instructions? _____

Any additional information such as discipline, child's communication, comforting, etc.?
