

Where else has your family lived? _____

4. Please tell us more about the adults listed above (parents, guardians, step-parents, partners, etc.)

Adult's Name: _____ Relationship to child: _____

Place of Birth: _____ Occupation: _____

Hobbies / interests: _____

Adult's Name: _____ Relationship to child: _____

Place of Birth: _____ Occupation: _____

Hobbies / interests: _____

Adult's Name: _____ Relationship to child: _____

Place of Birth: _____ Occupation: _____

Hobbies / interests: _____

Adult's Name: _____ Relationship to child: _____

Place of Birth: _____ Occupation: _____

Hobbies / interests: _____

5. Please describe some of your favorite activities to do together as a family:

6. Please describe some of the special events your family celebrates, and what those celebrations might include:

7. Are there things from home that are special to the family that they would be willing to share with the class? (For example: Mom's rock collection, Dad's conga drum, Grandma's potato pancake recipe...)

8. Are there any special skills and talents that members of your family might contribute to the classroom or the Hilltop community? (For example: Dad could come in to bake bread with the class, Mom could offer computer support/consultation in the office, Aunt Jill could sew new nap sheets...)

9. Is there anything else you'd like us to know about your family? (For example: family pets, sibling relationships, adoption, relatives living nearby, upcoming changes in family life, usual parental roles...)



HEALTH HISTORY

1. Child's position in family (oldest, 2nd, only, etc.) _____ Birthweight: _____ pounds _____ ounces

2. Was child: full term premature (if so, by how much? _____) adopted (at age _____)

3. Healthy pregnancy / delivery? yes no (please explain) _____

4. At what age did your child:

sit alone _____ stand alone _____ walk _____

talk (words) _____ toilet train (day) _____ toilet train (night) _____

5. Has/does your child had any illnesses or injuries that we should be aware of: _____

NOTE: Please complete a separate "Chronic Illness Record Form" if your child has had any of the following: anemia, asthma, diabetes, epilepsy/seizures, heart trouble, kidney trouble, sickle cell disease, or any other chronic ailment. Please request a copy of this form from the Hilltop office if this is the case for your child, then complete and return it as soon as possible.

6. Surgery or hospitalization? no yes, for _____

7. Any allergies? no yes, to _____

What happens when child is exposed to allergen(s): _____

8. Medication reactions? no yes, to _____

NOTE: The Seattle-King County Department of Public Health requires that you complete a separate "Emergency Plan" form for any potentially life-threatening reactions to food, insect bites, or medications. If this is the case for your child, please request a copy of this form from the Hilltop office.

9. Does your child take any medications routinely for a recurrent problem? no yes
(please list all medications and reasons for taking them, and if they'll be taking medications at Hilltop)

NOTE: Please complete a separate "Medication Authorization Form" if your child will have any medication to take at Hilltop, including items such as lotion or chapstick. This form is available from the office.

10. Please describe your child's eating (mealtimes, food likes/dislikes, dietary choices or restrictions, allergies):

NOTE: Please notify the Hilltop office if you need to fill out a separate "Special Diet Statement" to request vegan or vegetarian snacks for your child, or a "Food Allergy/Intolerance Statement" to notify staff of any foods your child should not consume. If your child is sensitive to dairy, we must have a completed food intolerance form on file.

11. Please describe your child's sleeping (usual bedtime, usual wake time, naps, specific problems, rituals, routines):

12. Please describe your child's toileting (toilet training, accidents, reminders needed, special words used):

SOCIAL HISTORY

1. Please describe your child's play. (For example: favorite toys and activities, does s/he prefer play alone or with others, does s/he have special playtimes with parents, what spaces and materials are available for play at home...)

2. Please describe your child's self-help skills. (For example: what can s/he do by her/himself, what does s/he need help with – dressing, washing, eating, putting on shoes, putting toys away...)

3. Please describe your child's emotional behavior. (For example: does your child have any fears, how does your child react to change, how does your child express frustration or anger, what is comforting to your child...)

4. Please describe your family's approach to discipline. (For example: methods used at home, particular words or phrases or actions used, how does child respond, which parent is responsible for discipline...)

5. Please describe your child's experience with other children. (For example: is this your child's first group experience, do children come to visit, do you visit other children, are there friends in the neighborhood...)

6. What things please you most about your child?

7. What things concern you most about your child?

8. Is there anything else you'd like us to know about your child? What are your hopes and dreams for your child?
