

**Howell Public Schools Early Childhood Education Programs
Infant Student Information**

Child's Name: _____ Birthday: _____

Gender: M F Does your child have a nickname: _____

Please provide the following to be added to the ParentLink system: (This automated system will contact families with district-related information including special notifications, school closings, special events, reminders, etc).

Email Address: _____

Phone Number: _____

Family Information

Father's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Marital Status: _____ Married _____ Divorced _____ Separated _____ Single

If divorced or separated, who has legal custody of the child? _____

What is the nature of the visitation with the non-custodial parent? _____

Siblings (include names and ages):

Other members living in the household (include relationship):

Has anyone else cared for the child other than the parents? Yes No

If yes, who?

Do you have an occupation, hobby and/or family/cultural tradition that you would like to share with your child's preschool class? Yes No

If yes, please describe:

Child Background Information

How would you describe your child?

Please list any special health concerns you have for your child (i.e. allergies, recurring illnesses, etc):

Please list any special needs or developmental concerns you have for your child:

How do you calm your child when he/she is upset?

Child's Schedule Information

Please briefly describe your child's current habits during a typical day:

Eating: (Include bottles/ breast milk, times, amounts, solids, etc.)

Sleeping: (Include naps, wake time, bedtime and sleeping routines)

Playing: (Include likes/dislikes, favorite activities, etc...)

General Information

What are your expectations for your child's child care experience?

(over)