



Middle River Baptist Church Child Development Center

Family/Center Orientation Form

We are family at MRBCCDC! We want you to get to know us and we know that you want us to be familiar with your child and your family. Please take some time to provide us with information about you and your family. All information will be kept confidential and will only be used as necessary to understand and meet the needs of your child.

Child's Full Name: _____ Sex: M F Nickname: _____

Birthday: _____ Religion: _____ Ethnicity: _____

Family History

Parent/Guardian Information		Parent/Guardian Information	
Name:	Relationship:	Name:	Relationship:
Occupation:	Ethnicity:	Occupation:	Ethnicity:
Special Interests/Hobbies:		Special Interests/Hobbies:	

Does your family have a church home? _____ Would you like a visit from the pastor? _____

Are there any specific cultural considerations we should be aware of for your child? _____

Do you have any cultural/ethnic traditions you would be willing to share? If yes, please describe.

Does your child live with you? _____

If not, with whom does your child reside? _____

Please describe your child's relationship and any custody arrangements with other custodial or non-custodial parent(s)? _____

Is your child adopted? _____ Does he/she know? _____

What are your dreams for your child? _____

Please list everyone living in the home, including pets:

Name	Relationship	Age	Name	Relationship	Age

Please list any other family members on a separate sheet and attach.



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Personal History

Were there any pregnancy complications? _____

Describe your child's previous child care experiences. _____

Please circle any areas for which you have concerns.

Behavior Separation Eating Sleeping Speech Toileting Walking

What concerns you? _____

What are your child's favorite foods? _____

What foods will your child NOT eat? _____

Does your child sleep through the night? _____ When does your child nap? _____

How long does your child nap? _____ Is your child toilet trained? _____

Does your child need bathroom assistance? _____

Does your child have any food allergies or dietary restrictions? _____ If yes, what are they?

What is the primary language(s) spoken at home? _____

Does your child have any fears? _____ If yes, what are they? _____

Has your child ever been hospitalized? _____ If yes, for what and when? _____

Play

Please circle how your child plays most of the time: alone with other children

beside other children with parents only with adults not at all

What are your child's favorite toys? _____

What are your child's favorite books? _____

How well does your child share toys with others? _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

Behavior

Is there anything about your child's behavior that concerns you? _____

If yes, what concerns do you have? _____

What types of discipline do you use at home? _____

What is the best way to comfort your child when he/she is sad? _____

Thank you for allowing us to know your child better. Please share any other information that you feel will help us understand your child's personality and development. Continue on another sheet if necessary.