

# **TIGER TOTS NURTURY CENTER**

**FORT HAYS STATE UNIVERSITY**

**INFORMATION BOOKLET**

The information in this booklet is somewhat of a personal nature. This information is used to help our staff better understand your child, therefore, please be as specific as possible. None of the information contained in this booklet will be used for child evaluation and only Tiger Tots staff members will have access to this information.

**GENERAL INFORMATION**

Date: \_\_\_\_\_

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Gender \_\_\_\_ Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Hays Address \_\_\_\_\_ Hays Address \_\_\_\_\_

Other Address \_\_\_\_\_ Other Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_ Cell \_\_\_\_\_

Parental Status: Single \_\_\_\_ Married \_\_\_\_ Together \_\_\_\_ Separated \_\_\_\_  
(check one) Divorced \_\_\_\_ Widowed \_\_\_\_

If separated or divorced, who has full custody of the child:

Mother \_\_\_\_ Father \_\_\_\_ (please enclose a copy of  
the custody petition for your file.)

Mother Classification: Fresh. \_\_\_\_ Soph. \_\_\_\_ Jr. \_\_\_\_ Sr. \_\_\_\_ Grad. \_\_\_\_  
(check one on each line) Full-time Student \_\_\_\_ Part-time Student \_\_\_\_  
Faculty \_\_\_\_ Staff \_\_\_\_

Father Classification: Fresh. \_\_\_\_ Soph. \_\_\_\_ Jr. \_\_\_\_ Sr. \_\_\_\_ Grad. \_\_\_\_  
(check one on each line) Full-time Student \_\_\_\_ Part-time Student \_\_\_\_  
Faculty \_\_\_\_ Staff \_\_\_\_

Other Family Members:                      Name                      Age  
Brothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

Any other People living in the Home: \_\_\_\_\_

Type of Dwelling: House \_\_\_\_\_ Apartment \_\_\_\_\_

Other Comments: \_\_\_\_\_

## **CHILD'S SOCIAL EXPERIENCES**

With whom does your child play at home:

Siblings \_\_\_\_\_ Neighbors \_\_\_\_\_ Relatives \_\_\_\_\_  
Parents \_\_\_\_\_ Friends other than neighbors \_\_\_\_\_

Types of activities preferred \_\_\_\_\_

Playmates: older \_\_\_\_\_ younger \_\_\_\_\_ same age \_\_\_\_\_ sexes \_\_\_\_\_

Play preferences: alone \_\_\_\_\_ children \_\_\_\_\_ adults \_\_\_\_\_

Pets: dog \_\_\_\_\_ cat \_\_\_\_\_ other \_\_\_\_\_ Name of Pets \_\_\_\_\_

Has your child had other experiences with a group of children? If so explain.

\_\_\_\_\_  
\_\_\_\_\_

Does your child make new friends easily? Yes \_\_\_\_\_ No \_\_\_\_\_

In what manner does your child approach new children? \_\_\_\_\_

\_\_\_\_\_

Is this your child's first separation from his parent? Yes \_\_\_\_\_ No \_\_\_\_\_

## **FOOD HABITS**

Which meal does your child enjoy the most?

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

How would you describe his eating characteristics? \_\_\_\_\_

\_\_\_\_\_

How long does it take him to eat?

Extremely slow \_\_\_\_\_ moderate \_\_\_\_\_ fast \_\_\_\_\_

Who supervised the child during meals? Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Other \_\_\_\_

What is his attitude toward food? Cooperative \_\_\_\_\_ casual \_\_\_\_\_ resistant \_\_\_\_\_

What are his/her favorite foods? \_\_\_\_\_

What foods does he avoid? \_\_\_\_\_  
What procedure and/or attitude do you take toward his dislikes and persuading him to eat? \_\_\_\_\_  
\_\_\_\_\_

Allergies: What foods is child allergic to: \_\_\_\_\_  
What plants is child allergic to: \_\_\_\_\_  
What animals is child allergic to: \_\_\_\_\_  
Other: \_\_\_\_\_

### **SLEEP HABITS**

Where does your child sleep?  
Room alone \_\_\_\_\_ with parents \_\_\_\_\_ with other children \_\_\_\_\_

Who puts child to bed:  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (please state) \_\_\_\_\_

What is the child's attitude about going to bed?  
Resistant \_\_\_\_\_ Cooperative \_\_\_\_\_ Irregular \_\_\_\_\_

How long does it take the child to get to sleep?  
Slow \_\_\_\_\_ Moderate \_\_\_\_\_ Fast \_\_\_\_\_

### **TOILET HABITS**

How recently was your child toilet trained?  
\_\_\_\_\_ days \_\_\_\_\_ months \_\_\_\_\_ years

Does your child cooperate readily on going to the toilet?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Does your child tell you when he needs to go to the toilet?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

What is your child's attitude toward accidents: \_\_\_\_\_  
\_\_\_\_\_

Are bowel movements regular: yes \_\_\_\_\_ no \_\_\_\_\_

### **DISCIPLINE STRATEGY**

What is the general approach to discipline at home: (give examples)

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Who does the majority of the discipline of the child: \_\_\_\_\_

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### **ANXIETIES AND NERVOUS HABITS**

Have you observed any nervous habits? If so, under what conditions:

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What fears might your child have: \_\_\_\_\_

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How do you help the child cope with his fears: \_\_\_\_\_

talk/explain \_\_\_\_\_ affection \_\_\_\_\_ tease \_\_\_\_\_ leave alone \_\_\_\_\_

Have similar fears or nervous habits been expressed by other members of the family:      yes \_\_\_\_\_ no \_\_\_\_\_

### **DAYS ACTIVITIES**

We would like a picture of your child's day. Please fill in the approximate time he accomplishes these routines:

Sleep:            from \_\_\_\_:\_\_\_\_ p.m to \_\_\_\_:\_\_\_\_ a.m.

Nap:             from \_\_\_\_:\_\_\_\_        to \_\_\_\_:\_\_\_\_

Breakfast \_\_\_\_\_

Dinner \_\_\_\_\_

Supper \_\_\_\_\_

Snacks \_\_\_\_\_

### **ADOPTION INFORMATION**

Is this child adopted:      yes \_\_\_\_\_ no \_\_\_\_\_

Age when adopted: \_\_\_\_\_

Does child know he/she is adopted:      yes \_\_\_\_\_ no \_\_\_\_\_

### **ADDITIONAL INFORMATION**

Are there further explanations or comments on any of the above areas that you feel would help us to understand and care for your child? \_\_\_\_\_

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