

HOLY FAMILY TEDDY BEAR CLUB
Family History

Child's Name: _____

Member of Holy Family Parish? _____ Name of other Parish or church you belong to _____

Marital Status of Parents: Married _____ Divorced _____ Separated _____ Deceased _____ Single _____

Other children in the home (name, birth date & year, check () if All Saints student:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Physical Regime: Does your child have any unusual eating problems or food dislikes (include food allergy)? Explain.

What is your child's usual bed time? _____ Usual waking up time? _____

What is your child's attitude toward going to bed and taking a nap? _____

How does he/she state the need to urinate and is he/she dependable? _____

How does he/she state the need for a bowel movement and is he/she dependable? _____

Play and Sociality: How does he/she get along with children? _____

Are his/her playmates girls? _____ boys _____ younger _____ older _____ none _____

What is the size of the neighborhood playgroup? _____

Previous group experience: nursery school _____ play group _____ Sunday school _____ Daycare _____

Personality and Emotional Development:

Do you feel your child is affectionate? _____ To whom? _____

Does he/she accept new people easily? _____ Is he/she usually happy? _____

What are your child's fears? _____

Any nervous habits? _____

When does he/she show these habits? _____

When you discipline, which parent usually does this and how? _____

Do you consider your child to be: right-handed _____ left-handed _____ not sure _____

Ethnic background (for State reports): American Indian or Alaskan Native _____ Hispanic _____

White not of Hispanic origin _____ Black not of Hispanic origin _____ Asian or Pacific Islander _____

Do you have any other information that would be helpful to us in understanding your child? _____ yes (write on back)