



Mt. San Antonio College Child Development Center  
Infant/Toddler Family History (Birth - 3 years)

*The purpose of this questionnaire is to allow the teaching staff a better understanding of your child and your family. All information is confidential.*

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Child's name: Last                      First                      Middle                      Nickname                      Birthdate

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Mother/guardian's name:                      Birthdate                      Occupation

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Address                      City                      Zip code

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Father/guardian's name:                      Birthdate                      Occupation

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Address                      City                      Zip code

Ethnicity: \_\_\_\_\_

What is your family's current situation?

\_\_\_\_\_ Married                      \_\_\_\_\_ Divorced                      How long? \_\_\_\_\_

\_\_\_\_\_ Engaged                      \_\_\_\_\_ Separated

\_\_\_\_\_ Living together                      \_\_\_\_\_ Widowed

\_\_\_\_\_ Not living together                      \_\_\_\_\_ No longer together

If living with one parent, does the child see the absent parent? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? \_\_\_\_\_

In what type of home does your family currently live?

\_\_\_\_\_ House                      \_\_\_\_\_ Duplex                      How long? \_\_\_\_\_

\_\_\_\_\_ Apartment                      \_\_\_\_\_ Townhouse

\_\_\_\_\_ Condo                      \_\_\_\_\_ Other

Does your child have siblings?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

Are there other people living with your family?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Child/adult

\_\_\_\_\_  
Relationship to child

Is your child spoken to in a language other than English?

No \_\_\_\_\_ Yes \_\_\_\_\_

What language? \_\_\_\_\_

Does your child speak a language other than English?

No \_\_\_\_\_ Yes \_\_\_\_\_

What language? \_\_\_\_\_

Has your child ever been cared for in another child care facility?

No \_\_\_\_\_ Yes \_\_\_\_\_ At what age? \_\_\_\_\_

Has your child ever been cared for by a family member or friend on a continuous basis?

No \_\_\_\_\_ Yes \_\_\_\_\_ At what age? \_\_\_\_\_

How long did you stay home with your child after s/he was born? \_\_\_\_\_

When you separate from your child, how does s/he respond? \_\_\_\_\_

When you are separated from your child, how do you feel? \_\_\_\_\_

Is your child breast fed? No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

Is your child bottle fed? No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

Does your child use a pacifier? No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

Does your child use a comfort item? No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

What type? \_\_\_\_\_

Was your child full-term \_\_\_\_\_ or Premature \_\_\_\_\_ How many weeks? \_\_\_\_\_

Normal delivery? \_\_ or C-section? \_\_\_\_\_ Birth weight: \_\_\_\_\_ Height: \_\_\_\_\_

Pregnancy or delivery complications? \_\_\_\_\_

Describe your child's relationship with the following family members:

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Siblings: \_\_\_\_\_

Others: \_\_\_\_\_

Does your child spend time with children other than siblings on a regular basis?

No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

Is there anyone other than your immediate family to whom your child is attached?

No \_\_\_\_\_ Yes \_\_\_\_\_ Whom? \_\_\_\_\_

How do you discipline your child?

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What time does your child usually wake up? \_\_\_\_\_ Go to bed? \_\_\_\_\_

How long does your child usually sleep? \_\_\_\_\_

Does s/he usually sleep through the night? \_\_\_\_\_

How do you help your child go to sleep? \_\_\_\_\_

Does your child usually cry when going to sleep? Or waking up? No \_\_\_\_\_ Yes \_\_\_\_\_

How do you handle this? \_\_\_\_\_

Where does your child sleep?

\_\_\_\_\_ Crib

\_\_\_\_\_ Own bed/room

\_\_\_\_\_ With siblings

\_\_\_\_\_ Parent's bed/room

\_\_\_\_\_ Other

Do you have any concerns about your child's sleep? No \_\_\_\_\_ Yes \_\_\_\_\_

What kind of concerns? \_\_\_\_\_

At what age are you planning to begin toilet learning? \_\_\_\_\_

If your child is already using the toilet, what words does s/he use for:

Urination? \_\_\_\_\_

Bowel movement? \_\_\_\_\_

Does your child use a:

\_\_\_ Regular toilet

\_\_\_ Regular toilet with a child seat

\_\_\_ Child-sized potty seat

Does your child need help with toileting? No \_\_\_\_\_ Yes \_\_\_\_\_

Does your male child stand to urinate? No \_\_\_\_\_ Yes \_\_\_\_\_ Or sit? No \_\_\_\_\_ Yes \_\_\_\_\_

What does your child like to play with at home? \_\_\_\_\_

Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_

Does your child watch tv/movies? No \_\_\_\_\_ Yes \_\_\_\_\_ How much time per day? \_\_\_\_\_

What programs? \_\_\_\_\_

Describe your child's overall health: \_\_\_\_\_

Does your child have any diagnosed disabilities? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Does your child have an IFSP? \_\_\_\_\_

Has your child had any serious illnesses, injuries, or surgeries? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what type? \_\_\_\_\_

At what age? \_\_\_\_\_

Does your child need medication on a regular basis? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what kind? \_\_\_\_\_

For what? \_\_\_\_\_

Has your child had any of the following:	No	Yes	At what age?
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Chicken Pox	_____	_____	_____
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Measles	_____	_____	_____
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Mumps	_____	_____	_____
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Whooping cough	_____	_____	_____
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High temperature (over 103°)	_____	_____	_____
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Pneumonia	_____	_____	_____
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Eczema	_____	_____	_____
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Allergies	_____	_____	_____
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Asthma	_____	_____	_____
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Lice or scabies	_____	_____	_____
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Other	_____	_____	_____
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Do you have any concerns about your child's overall development?

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What do you hope your child will gain from being in our program?

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What do you feel is your role as a parent in our program?

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How can we support you as a parent and a student/staff?

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Does your family have any cultural or religious restrictions that we should know about?

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Is there any other information about your child and/or family that you would like to share?

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\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Date