

# CHILD/FAMILY HISTORY

First Baptist Georgetown Children's Weekday Education requires this information to assist the staff in making your child's time with us as positive and interactive as possible. The questions listed here are a guide. If you feel there is anything we should know about your child, in order to provide a safe and effective child care experience, please use the back of this form or an additional sheet of paper to elaborate. First Baptist Georgetown Children's Weekday Education is committed to offering each child and family a positive, safe and interactive child care experience, cooperation with each child's parent(s) and/or guardian(s) is necessary to accomplish this commitment. This form will be given to your child's teacher.

1. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_
2. Name & Age of Siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Child's Pets: \_\_\_\_\_
4. Child's Favorite Activity: \_\_\_\_\_
5. Child's Favorite Toy: \_\_\_\_\_
6. Child is Frightened By: \_\_\_\_\_
7. Child's Favorite Food & Drink: \_\_\_\_\_
8. Child Self Soothes By: \_\_\_\_\_
9. Please Describe Child's Bedtime Routine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please Describe Child's Morning Before Arriving at Child Care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please List All Persons Who Live with Child & Their Relationship To Child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Please Describe Any Previous Experience Child Has in Child Care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Is there a Court Order Affecting This Child? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If Yes, Parent/Guardian **MUST PROVIDE A CERTIFIED COPY** of Court Order before Child may attend program.  
If no, please be aware that as per the Law, both parents will be afforded immediate access to the child. Please refer to Parent Handbook for further explanation of this policy or speak with Center Director.
14. Does the Child Have Any Special Needs? Please list any social emotional, behavioral, physical or learning disabilities, medical requirements, food or environmental allergies and/or IEP's: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family's Home Church \_\_\_\_\_ Attends Church Regularly: Yes or No

*Don't forget to send a digital family photo to [scarter@fbcgt.org](mailto:scarter@fbcgt.org)!!*