

FAMILY CULTURE/INFORMATION FORM

Individual Care Plan (PRE-SCHOOL)

Child: _____

DOB: _____

Parents, please help us out by filling out this information form. Thank you.

Arrival

What time will you usually arrive at the center? _____

What will help you and your child say good-bye to each other in the morning? _____

What is the primary language spoken at home? _____

Sleeping

When does your child usually sleep? _____

How long does he or she usually sleep? _____

What helps your child fall asleep? _____

How does your child wake up? _____

Eating***

What are some of your child's favorite foods? _____

What foods does your child dislike? _____

Is your child sensitive or allergic to any foods? If so, please list them:

Play Time

What does your child like to do? _____

How do you play with your child? _____

Departure

What time will you usually come to pick up your child? _____

Culture: Parents, please take this opportunity to tell us about your family's culture. Completion of information assists in our ability to provide activities reflective of the children in our program.

My family is from: _____

My family consists of: _____

_____	_____
_____	_____
_____	_____

1.A.02; 7.A.02; 3.B.10 Family / Culture Info. Form

Some GAMES from my culture include: _____

Some RECIPES / FOOD from my culture include: _____

Some MUSIC from my culture include: _____

Some of my family traditions are: _____

**Original copy goes in the child file.*

***Make a copy and give to the child's room.*

*****This form is for the CYSS caregivers to get to know your child better. We are required to follow the USDA guidelines for all meals served in our centers and cannot be customized.*****