

5. How long has your family lived in Seattle? _____

Where else has your family lived? _____

6. Please tell us more about the adults listed above (parents, guardians, step-parents, partners, etc.)

Adult's Name: _____ Place of Birth: _____

Occupation: _____ Hobbies/interests: _____

Adult's Name: _____ Place of Birth: _____

Occupation: _____ Hobbies/interests: _____

Adult's Name: _____ Place of Birth: _____

Occupation: _____ Hobbies/interests: _____

Adult's Name: _____ Place of Birth: _____

Occupation: _____ Hobbies/interests: _____

7. Please describe some of your favorite activities to do together as a family:

8. Please describe some of the special events your family celebrates, and what those celebrations might include:

9. Are there things from home that are special to the family that they would be willing to share with the class? (For example: Mom's rock collection, Dad's conga drum, Grandma's potato pancake recipe...)

10. Are there any special skills and talents that members of your family might contribute to the classroom or the EELP community? (For example: Dad could come in to bake bread with the class, Mom could offer computer support/consultation in the office, Aunt could sew new nap sheets...)

11. Is there anything else you'd like us to know about your family? (For example: family pets, sibling relationships, adoption, relatives living nearby, upcoming changes in family life, usual parental roles...)

SOCIAL HISTORY

1. Please describe your child's play. (For example: favorite toys and activities, does s/he prefer to play alone or with others, does s/he have special playtimes with parents, what spaces and materials are available for play at home...)

2. Please describe your child's self-help skills. (Eg. what can s/he do by her/himself, what does s/he need help with - dressing, washing, eating, putting on shoes, putting toys away)

3. Please describe your child's emotional behavior. (For example: does your child have any fears, how does your child react to change, how does your child express frustration or anger, what is comforting to your child...)

4. Please describe your family's approach to discipline. (For example: methods used at home, particular words or phrases or actions used, how does child respond, which parent is responsible for discipline...)

5. Please describe your child's experience with other children. (For example: is this your child's first group experience, do children come to visit, do you visit other children, are there friends in the neighborhood...)

6. What things please you most about your child?

7. What things concern you most about your child?

8. What are your hopes and dreams for your child?

9. What are your family's values around education?

10. What skills and dispositions do you hope your child has when they leave EELP?

11. We are committed to [anti-bias education](#) where the first goal is "Each child will demonstrate self-awareness, confidence, family pride, and positive social identity" and the second goal is "Each child will express comfort and joy with human diversity; accurate language for human differences; and deep, caring human connections." What would you like us to know about your hopes for your child's cultural and racial identity development?

12. What else would you like us to know as we partner to support your child's identity development?

A. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING (Please check any that apply): <input type="checkbox"/> NONE		
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Skin Disorders (i.e. rashes)	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma
<input type="checkbox"/> Stomach Upsets	<input type="checkbox"/> Urinary Difficulties	<input type="checkbox"/> Frequent Diarrhea
<input type="checkbox"/> Frequent Constipation	<input type="checkbox"/> Febrile Seizures	<input type="checkbox"/> Other _____

Please provide details on any items marked in box A: _____

B. HAS YOUR CHILD HAD ANY OF THE FOLLOWING: <input type="checkbox"/> NONE			
<input type="checkbox"/> Bronchitis	Date(s) _____	<input type="checkbox"/> Measles (hard)	Date(s) _____
<input type="checkbox"/> Hepatitis (A or B)	Date(s) _____	<input type="checkbox"/> German Measles	Date(s) _____
<input type="checkbox"/> Chicken Pox	Date(s) _____	<input type="checkbox"/> Mumps	Date(s) _____
<input type="checkbox"/> Scarlet Fever	Date(s) _____	<input type="checkbox"/> Whooping Cough	Date(s) _____

Please provide details on any items marked in box B: _____

C. HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING (Please check any that apply): <input type="checkbox"/> NONE		
<input type="checkbox"/> Language Delay	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Development Delays
<input type="checkbox"/> Autism or Related Disorder	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Behavioral/Emotional Disorders
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

8. Any allergies? no yes, to _____

What happens when child is exposed to allergen(s)? _____

9. Medication reactions? no yes, to _____

NOTE: The Seattle-King County Department of Public Health requires that you complete a separate "Emergency Plan" form for any potentially life-threatening reactions to food, insect bites, or medications. If this is the case for your child, please request a copy of this form from the EELP office.

10. Does your child take any medications routinely? no yes

Please list all medications, reasons for taking them, and if they'll be taking them at EELP.

NOTE: Please complete a separate "Medication Authorization Form" if your child will have any medication to take at EELP, including items such as lotion or chapstick. This form is available from the office.

11. Please describe your child's eating (mealtimes, food likes/dislikes, dietary choices or restrictions, allergies):

NOTE: Please notify the EELP office if you need to fill out a separate "Special Diet Statement" to request vegan or vegetarian snacks for your child, or a "Food Allergy/Intolerance Statement" to notify staff of any foods your child should not consume. If your child is sensitive to dairy, we must have a completed food intolerance form on file, and a "Fluid Milk Substitution" form, if necessary.

12. Please describe your child's sleeping (usual bedtime, usual wake time, naps, specific problems, rituals, routines):

13. Please describe your child's toileting (toilet training, accidents, reminders needed, special words used):

14. Please describe any other concerns you may have about your child's physical development. (For example: coordination, hearing, vision...)

15. Please describe any other significant health information about your child or your family:
