



Bainbridge Island Child Care Centers

Family and Social History

BICCC staff wish to assist you and your child with a positive successful transition into our programs.

The purpose of this information is to assist in that process. Please N/A any question that do not apply.

Child's Name: _____ Date of Birth: _____

Please list members of the family unit the child lives with (including relationship and age of siblings): _____

What pets does your child have at home? _____

What responsibilities does your child have at home? _____

Has your child had previous group experience? () No () Yes

If yes, did your child enjoy that experience? () No () Yes

If no, why not? _____

What does your child like to do? _____

What method(s) of discipline is/are used at home? _____

Please note concerns unique to your child regarding:

Dietary Restrictions? _____

Sleeping Issues? _____

Fears? _____

Behavior Patterns? _____

Special Needs/Other? _____

For Younger Children (2 ½ -5 years) only:

Does your child need help with clothing? _____

Words used for urination? _____ Bowel movement? _____

Does your child have a special security item? Please describe: _____
