

Kidnect

Child Development, LLC

Child History Information

Family:

- Parents: Married
 Single
 Divorced
 Remarried
 Separated
 Deceased

Age of child at the time of any above changes in family situation: _____

If divorced or separated, how often does child see absent parent? _____

Brothers and Sisters:

Name

Date of birth

_____	_____
_____	_____
_____	_____
_____	_____

Please list any other persons living with family and indicate their relationship to the child:

If any other person shares in caring for the child on a regular basis, please indicate name, relationship (if any), days/hours responsible for child's care:

Parent's Perspectives:

What do you hope your child will gain most from his/her experiences at Kidnect?

Are there any additional circumstances regarding your child that you would like us to be aware of?

Do you have any concerns about your child's development in any areas?
