Catherine's COTTAGE DAYCARE

Family Background

Child's Name:	Birth Date:

What are the most important aspects of your child's life that you want us to know about?
(Please include family structure, culture, and strong interest.)

DO YOU IDENTIFY WITH A PARTICULAR ETHNIC GROUP? (PLEASE CHECK ALL THAT APPLY AND INDICATE COUNTRIES OF FAMILY'S ORIGIN)

- ☐ Asian American (countries)
- ☐ Black/African American (countries)
- ☐ Caucasian/European American (countries)
- ☐ Latino/Hispanic American (countries)
- ☐ International - People who do not hold American citizenship or who are not permanent residents of America (countries)
- ☐ Multiracial American - People who identify with more than one ethnic race/heritage (ethnicity/countries)
- ☐ Middle Eastern (countries)
- ☐ Pacific Islander (countries)
- ☐ South Asian American (countries)
- ☐ Native American (tribal affiliation - optional)
- ☐ Other (please specify)

_____

_____

_____

DO YOU IDENTIFY WITH A PARTICULAR RELIGIOUS GROUP? (PLEASE CHECK ALL THAT APPLY)

- ☐ Christianity
- ☐ No Religion
- ☐ Judaism
- ☐ Native American Religious Practice
- ☐ New Thought Movement
- ☐ Sikhism
- ☐ Islam
- ☐ Other (please specify) _____
- ☐ Buddhism
- ☐ Hinduism
- ☐ Baha'l Faith

LANGUAGES SPOKEN AT HOME (PLEASE CHECK ALL THAT APPLY)

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ French
- ☐ German
- ☐ Hmong
- ☐ Vietnamese
- ☐ Khmer
- ☐ Italian
- ☐ Portuguese
- ☐ Other (please specify) _____

IS YOUR CHILD RECEIVING OR HAVE RECEIVED IN THE PAST ANY THERAPY FOR THE FOLLOWING ISSUES?

- ☐ Hearing Impairment
- ☐ Visual impairment
- ☐ Orthopedic handicaps
- ☐ Behavioral
- ☐ Speech & Language disorders
- ☐ Neurological disorders
- ☐ ADHD
- ☐ Down Syndrome
- ☐ Emotional Disturbance
- ☐ Autism, spectrum disorders
- ☐ Learning disabilities
- ☐ Maintenance care diseases
- ☐ Mentally disabled/developmentally delayed
- ☐ Other (please specify) _____