

## CULTURAL, RELIGIOUS, MEDICAL INPUT FORM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Center \_\_\_\_\_ Teachers \_\_\_\_\_

1. Are there any milestones you observed in your family (child losing first tooth, birthday or unbirthday, or adoptive day, first haircut, first allowance, etc.)?
2. What kinds of activities does your family do in the community?
3. Are there any activities that your child cannot participate in because of your culture? If yes, please list:
4. Are there any activities that your child cannot participate in because of your religious beliefs? If yes, please list:
5. Are there any activities that your child cannot participate in because of a medical reason? If yes, please list:

Parent signature and date \_\_\_\_\_

Parent signature and date \_\_\_\_\_

Parent signature and date \_\_\_\_\_

Parent signature and date \_\_\_\_\_