

## Family Information Form

Dear Parents,

We are looking forward to having you and your child in our program. In order to plan an exciting program of activities, we would like to know more about your child. Please take a few minutes to fill out this form and answer as many questions below as you can. You may want to discuss some of the questions with your child.

Parents' Name \_\_\_\_\_ Date \_\_\_\_\_  
Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Age \_\_\_\_\_ Classroom \_\_\_\_\_

Parent's Primary Language \_\_\_\_\_ Child's Primary Language \_\_\_\_\_

Child lives with: both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Siblings' names and ages:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

### **Your Child:**

What goals do you have for your child:

Academically? \_\_\_\_\_

Emotionally? \_\_\_\_\_

Other goals? \_\_\_\_\_

Please discuss any forms of discipline you use at home: \_\_\_\_\_

\_\_\_\_\_

What are the most important things we can do to help your child have a positive experience in our program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any events you would like to see held at our school to support your child and/or family?

---

---

---

---

Please tell us a little about your child's temperament and personal style so that we can provide appropriate guidance and support. (For example, is your child active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible?)

---

---

---

What do you think are your child's best qualities?

---

---

---

Are there areas where you feel your child may need any kind of extra help or support? Does your child have an IFSP/IEP (if yes please provide copy)? Does your child have any special needs we should be aware of? Please describe.

---

---

---

Please take a look at our snack menu posted in the kitchen. Are there any foods to which your child is allergic? \_\_\_\_\_

Should we be aware of any aspects concerning toileting? \_\_\_\_\_

Does your child still nap? \_\_\_\_\_ If so, at what time and for how long? \_\_\_\_\_

**Information about your child's interests**

Please check your child's favorite activities to do at home or in the neighborhood

- |                                |                             |                       |
|--------------------------------|-----------------------------|-----------------------|
| _____ sports and outdoor games | _____ board and table games | _____ dancing         |
| _____ music                    | _____ singing               | _____ arts and crafts |
| _____ exploring nature         | _____ story books           | _____ building things |
| _____ playing with friends     | _____ playing pretend       | _____ cooking         |
| _____ other _____              |                             |                       |

**Your Family:**

Which countries / cultures are represented in your family? \_\_\_\_\_

---

---

How are holidays, celebrations, customs, or traditions in your family observed?

---

---

---

Tell us about some of the occupations and professions represented in your family:

---

---

---

---

What are some recipes and/or foods that represent your family culture? What foods are your family's favorites to eat and prepare?

---

---

---

Is there any other information you feel would be helpful for us to know about your child / family? \_\_\_\_\_

---

---

---

How did you hear about us? \_\_\_\_\_

---

---

Thank you!