

FAMILY INFORMATION

Child's Name: _____ Birth Date: _____

Class Enrolled In: _____

Mother's Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Occupation: _____

Father's Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Occupation: _____

Married

Separated How Long: _____

Divorced How Long: _____

If divorced, please describe custody and visitation agreement for the child: _____

Step Mother's Name: _____

Step Father's Name: _____

If Child is adopted:

Age of Adoption _____

Does child know he/she is adopted: Yes No

Sibling Information:

Siblings Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list names of other significant persons in your child's life (grandparents/babysitter/nanny).

Name	Relationship
_____	_____
_____	_____

Child Information:

Does your child have a pet? Yes No Pet Type: _____ Pet Name: _____

What opportunities does your child have to play with other children on a regular basis?

Neighborhood Sunday School/Church Cousins Previous school experience

Other _____

Is your child predominately right or left handed? Right Handed Left Handed

What are your child's favorite play activities? _____

How much sleep does your child require daily? _____ Does he/she nap? Yes No

Usual Bedtime: _____ At what age was your child toilet trained? _____

How would you describe your child? (Check all that apply.)

Easy Going Strong-Willed Leader Follower Nervous Shy

Outgoing Compliant Other (please describe): _____

What method(s) of discipline have you found most effective with your child? _____

What fears does your child have? _____

How are they expressed? _____

Have there been any births, deaths, adoptions, or other changes in the family structure, which affected your child? If so describe briefly. _____

How did you explain this event to your child? _____

Please give any additional information you think might be important for us to have. _____

What hopes and expectations do you have for your child from our program? _____

Form completed by: _____ Date: _____