

# Family Information:

Please Help Us Get to Know Your Child

By providing this information you will be assisting staff in creating a positive experience for your child.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

1. Please list everyone who lives with your child? (including pets)

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

2. What is the primary language spoken in your child's home? \_\_\_\_\_

3. Are there special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?  yes  no

\_\_\_\_\_

4. Has your child had previous care arrangements such a center based, in home with family, with parents, etc.?  yes (please circle previous arrangement)  no

5. What might you and/or your child be anxious about as he/she starts this program?

6. Does your child have any favorite foods?

7. Does your child dislike any foods?

8. How would you describe your child's personality?

9. What causes your child to feel angry or frustrated or frightened?

10. What routines/actions or items do you use to comfort your child?

11. What methods do you use to respond to your child's negative behavior?

12. Please describe any recent family events or changes (death, divorce, marriage, new sibling, moving):

13. Is there anything else that you think your child would like me to know about him/her?

14. Other information you feel would be helpful for the staff caring for your child?

\_\_\_\_\_

These questions were answered by \_\_\_\_\_ Date \_\_\_\_\_