



Personal/Family Information

this information will help us to know your child better

Child's Full Name _____

Nickname (or name you would like us to use at school) _____

Mother's Name _____

Father's Name _____

Siblings:	Name	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Family Type (single parent, two parent, blended family) _____

Ethnic Background _____

Other persons living in the home _____

Does any extended family help with parenting this child? _____

If yes, please explain _____

Has this child experienced any developmental delays or ongoing medical problems? _____

If yes, please explain _____

Is your child toilet trained? _____ If so, at what age was training started? _____

Does your child take a nap? _____ What time? _____ How long? _____

How does your child usually react to new situations? _____

Does your child have any fears? (storms, the dark, etc.) _____

What are some activities you enjoy as a family? _____

If there anything else you would like us to know about your child, please use the space below.

