

Family Information

Child's Name: _____

Please help us plan for your child's needs, understand concerns, and encourage your child by providing the following information. This information will remain confidential and we hope you will update us as necessary.

Parent / Guardian's marital status: Married____ Divorced/Single____ Divorced/Remarried____
Single Parent____ Deceased Parent____

Child lives with: Both Parents____ Mother____ Father____ Other_____

Other significant people in your child's life: i.e. stepfamilies, grandparents, babysitter's _____

Does your child have a pet? Type of pet_____ Name of pet_____

Have there been births, deaths, adoptions, or other changes in the family structure that would affect your child? If so, describe briefly what happened, the affect on you child, and tell us how you explained this event to your child.

What opportunities does your child have to play with other children?

____ Neighborhood ____ Church playgroup/nursery ____ Cousins/Family
____ Other (please list) _____

What are your child's favorite play activities? _____

What fears does your child have and how are they expressed? _____

Does your child have special words for going to the bathroom, etc. that we need to be aware of?

Is English the primary language used in your home? _____ If not, what language? _____

How much sleep does your child require daily? _____ Does your child nap regularly? _____

Is your child in diapers? _____ or are bowel and bladder functions regular and under control? _____

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