



# Child and Family Information Sheet

Class (Days and Times) \_\_\_\_\_ Teacher \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's E-Mail \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's E-Mail \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Brothers and Sisters and their ages

\_\_\_\_\_

\_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any physical problems? \_\_\_\_\_

If yes to above, what precautions do we need to take to insure your child's safety during school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you or your spouse have any special hobbies, collections, talents, or occupations that you would be willing to share with the children this year? \_\_\_\_\_

Would you be willing to drive on field trips (4's, Y4's, & Y5's parents only)? YES \_\_\_\_\_ NO \_\_\_\_\_

How many children can your vehicle accommodate in the back with seat belts? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ Type & name: \_\_\_\_\_

Is your child primarily: right-handed \_\_\_\_\_ left-handed \_\_\_\_\_ not yet established \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_ Ages \_\_\_\_\_

Has your child attended preschool before? \_\_\_\_\_ Where? \_\_\_\_\_

What activities does your child particularly enjoy? \_\_\_\_\_

How do you support your child's development and learning at home? \_\_\_\_\_

Is your child afraid of anything? \_\_\_\_\_

How does your child feel about coming to school? \_\_\_\_\_

Can your child? put on a coat \_\_\_\_\_ put on shoes \_\_\_\_\_

button \_\_\_\_\_ zip \_\_\_\_\_

use the bathroom independently \_\_\_\_\_

List any concerns you may have or how we might help support you in fostering your child's development and learning: \_\_\_\_\_

Where will your child eventually attend kindergarten? \_\_\_\_\_

For 4-year old, & Young 5's parents: Are you planning on your child attending kindergarten next fall?

YES \_\_\_\_\_ NO \_\_\_\_\_ UNDETERMINED \_\_\_\_\_