



CHILD & FAMILY INFORMATION SHEET

For Office Use Only
Class Assignment _____

Child's Name: _____ **Birth Date:** _____

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-Mail _____

E-Mail: _____

Occupation: _____

Occupation: _____

Hobbies: _____

Hobbies: _____

How did you find out about our program? _____

Previous preschool/MDO attendance? () Yes () No If yes, where _____

Church member? () Yes () No If no, where _____

Are parents: () Living together? () Separated? () Divorced? If separated or divorced, who has custody of the child? _____

Name and birthdates of brothers and sisters: _____

Names by which you call Grandparents: _____

Pets and their names: _____

Describe your child's personality: _____

What are your child's favorite:

Outdoor play activities? _____

Indoor play activities? _____

Parent/child activities? _____

List any extracurricular activities your child is involved in: _____

Is your child potty trained? () Yes () No Does the child use special words to go to the restroom?
If so, what? _____

Child's allergies: _____

List any special concerns or medical needs: _____

Child's fears or other habits we need to be aware of: _____

Any helpful information that you can give to make your child's school day a successful one:
