

Family Information Sheet

Family Name: _____

Help us plan for your child's needs by providing the information requested. Our staff will have a greater ability to understand concerns and responses, along with offering support and encouragement to your child with the information you provide. This information will be held confidential.

Child's Name: _____
Likes to be called (if different than above): _____

Name of Mother (or Guardian #1 & relation to child): _____

Name of Father (or Guardian #2 & relation to child): _____

Marital Status of Parents / Guardians: Married Separated Divorced Widowed

Primary Language spoken in Home: English Spanish Other: _____

Would a translator be needed for communication purposes? Yes No
If yes, please list the name and phone # of the translator(s) available. _____

If speaking, does your child speak: English Spanish Other: _____

**Does your child have allergies documented by a physician? (food, insect, etc)
We will need documentation on file from a physician regarding allergies & treatments.**

Does your child have any possible or identified special needs? Yes No
Is your child being treated by a physician, therapist or other specialist for these needs? Yes No
(Special Needs include but are not limited to Eyesight, Speech, Hearing, Bone/Muscle Problems, Autism, Down Syndrome, ADD, ADHD, Anger Control, etc.)
If YES, please explain those needs and how they may affect your child while attending our program.
You may attach a separate piece of paper if needed. If the child is being treated for any special need, documentation from a physician regarding diagnosis and treatment should be on file before enrollment.

What are your child's favorite play activities? _____

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

Does this child have siblings? If yes, please list the names and ages.

Is your child toilet trained? Not at All Introducing Concept Sometimes Make It ALL the Time

What does your child say when wanting to go to the toilet? _____

How does your child react to new situations? _____

Is there anything else we should know about your child or that you would like to share with us regarding your child? _____
