

Child and Family Information Form

Child's Name _____ Nickname _____

Family's Primary Language _____ Child's Primary Language _____

How many children are in your family? _____ Names? _____

Has your child been in other school experiences? _____

If so where? _____

Mother's Occupation _____

Father's Occupation _____

These are my child's favorite activities (please circle all that apply):

Sports and Games

Plays and Dramas

Construction

Music and Dance

Nature and Science

Books

Arts and Crafts

Other _____

What new skills and/or interests would your child like to develop?

How would you describe your child's temperament?

What do you think are your child's best qualities?

Please describe your child's strong dislikes or fears (if applicable)

Who does your child enjoy playing with?

What do you most like to do as a family?

Please indicate what extra help or support your child may need.

Does your child have any allergies, diagnosed medical conditions, or developmental delays?

Are there any other significant people in your child's life that may be helpful to know about? _____

Does your child sleep on their own or co-sleep? _____

Does your child have their own room? _____

What does your bedtime routine look like? And what time does your child usually go to bed at night? Wake in the morning? _____

How do you handle discipline in your home? What are some of the common behaviors that require discipline with your child?

Do you have any unaddressed concerns about your child's development? Are you open to having an assessment to help with these concerns?

Is there anything about your family that would be helpful to know in order to make sure your child is receiving the best care possible? (ie. divorce, recent death, trauma, recent move or other transition)

What kind of food does your child like to eat? What are typical breakfast foods your child eats? Dinner?

What are some activities that your child is interested in doing or learning about? Is your child in any extracurricular activities?

What kind of shows/movies does your child watch?

 Elite Early Learning Program

When not in school, how many hours per day does your child spend on a tablet, phone, or TV?

What are some of their favorite “screen time” activities?

Does your family recognize or celebrate any specific holidays you would like me to be aware of?_____

What are you hoping to get out of this preschool program?_____

What else would you like me to know about your child?
