

Family Information



Please fill out the information below so that your child's teachers and administrator can get to know them a little better.

Child's Full Name: _____ Date of Birth: _____

Nickname or Name we should use: _____

List age, place, and type of previous group experiences: _____

Please circle all the words that best describe your child:

calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, destructive, gives in easily, temper tantrums, jealous, shares well, hyperactive, bright, slow learner, busy, contented, other: _____

How well does your child get along with other children? _____

Child's favorite games, activities, etc.: _____

What makes your child mad or upset: _____

What do you find is the best way of handling struggles with your child: _____

Are there any "family" rules we should be aware of? _____

Any Special concerns or comments? _____

Family Information:

Mother's Name: _____ **Occupation:** _____

Daytime Phone: _____ Email: _____

Father's Name: _____ **Occupation:** _____

Daytime Phone: _____ Email: _____

Name and ages of siblings: _____

Religious Background:

We attend _____ church. We are or are not members (circle one).

Hand Sanitizer Permission:

My child, _____ has permission to use Hand Sanitizer as a supplement, (**not a replacement** for hand washing) if necessary.

Parent's Signature: _____ Date: _____