



Family Information Form

Help us create a positive experience for your child while in our care. List any information about your child's habits, abilities or personality that would be helpful to the staff caring for your child.

Child's Name:

Check all words that best describes your child's personality and behavior:

<input type="checkbox"/>	Active	<input type="checkbox"/>	Creative	<input type="checkbox"/>	Favors Structure/Routines	<input type="checkbox"/>	Prefers Adult Attention
<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Curious	<input type="checkbox"/>	Mellow	<input type="checkbox"/>	Social
<input type="checkbox"/>	Bossy	<input type="checkbox"/>	Easily-Angered	<input type="checkbox"/>	Sensitive	<input type="checkbox"/>	Stubborn
<input type="checkbox"/>	Busy	<input type="checkbox"/>	Emotional	<input type="checkbox"/>	Shares well	<input type="checkbox"/>	Calm

What are you/your child most excited about as he/she starts the program?

What might you/your child be anxious about as he/she starts the program?

What are your expectations of the program?

What is the primary language spoken in the home?

Are there special family arrangements (Example: shared parenting, custody agreements, lives in multiple homes, blended family, etc)?

Are there changes or transitions that your child has recently experienced (Example: moved from crib to bed, divorce, death in the family, new sibling, etc)?

Are there any religious or cultural practices we should be aware of (Example: Dietary restrictions, clothing, head coverings, etc)?

Child's Name:

What methods do you use at home to respond to negative behavior?

Is your child toilet trained? If not, have you started the process? Please describe process used.

Does your child take a nap? If so, What time(s) and for how long?

What is the best way of communicating information to your child?

What other information would be useful for the staff taking care of your child?

Parent/Guardian's Signature

Date:
