

Family Questionnaire
To help us get to know your child and family

Child Name: _____ DOB: _____

FAMILY INFO:

Parents: _____ Marital Status: _____

Can you describe your family dynamic – who makes up your family? _____

Is Mom employed? _____ Yes _____ No If so, in whose care is the child while she is gone from the home?

Number of Siblings: _____ Age of each: _____

Is your child adopted? _____ Yes _____ No If yes, the age of child at adoption: _____

Has your child had any previous Day Care/Nursery School experience? _____

Where: _____

Does your child visit in-home childcare? _____ If yes, how often: _____

Who does your child spend time with on a regular basis? _____

Is your child familiar with caregivers/babysitters (grand parents, aunts/uncles, family friends, regular baby sitter)? Who? _____

How often do they spend time with these caregivers? _____

Does your family attend church? _____ If so, where? _____

Does your child attend Sunday School or church classes? _____

How did you hear of our school? _____

CHILD INFO:

At what age did he/she walk? _____ Is your child R or L handed? _____

Is there some special health condition we should know about? (For example, are there some activities that should be avoided?) _____