



## Family Questionnaire

*To help us get to know your child and family*

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **FAMILY INFORMATION:**

Parents Name(s): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Describe your family dynamic – who is in your family? \_\_\_\_\_  
\_\_\_\_\_

Is Mom employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, who cares for the child while she is gone from the home?  
\_\_\_\_\_

Number of Siblings: \_\_\_\_\_ Age of siblings: \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, 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 (grandparents, aunts/uncles, family friends, regular  
babysitter)? Who and 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 about Sunshine Preschool? \_\_\_\_\_

**CHILD INFO:**

At what age did your child 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?) \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

What play materials or equipment hold your child's attention the longest? \_\_\_\_\_  
\_\_\_\_\_

Is your child interested in books? \_\_\_\_\_

What subjects/activities does your child ask about? \_\_\_\_\_

What are your child's special interests? \_\_\_\_\_

How much TV does your child watch per day? \_\_\_\_\_

How much screen time does your child have per day (video games, iPad, tablet, etc.)? \_\_\_\_\_

About how much time each day does your child spend alone? \_\_\_\_\_

With other children? \_\_\_\_\_ Ages of playmates: \_\_\_\_\_

Is your child more comfortable with adults or children? \_\_\_\_\_

What is your family's approach to discipline? \_\_\_\_\_

Does your child understand limits/rules? \_\_\_\_\_

Do you feel you have discipline difficulties with your child? \_\_\_\_\_

How do you try to handle or avoid them? \_\_\_\_\_

How well does your child adjust to new routines? \_\_\_\_\_

How well does your child transition with changes or a new environment? \_\_\_\_\_

Are you aware of any fears or anxieties your child has? If so, can you share them with us? \_\_\_\_\_  
\_\_\_\_\_

Are there any habits your child needs help overcoming? \_\_\_\_\_

Does your child have any sensory issues? \_\_\_\_\_

Do you have reason to suspect your child has a hearing loss? \_\_\_\_\_

Is English your child's primary language? YES or NO If no, what is their primary language? \_\_\_\_\_

**If yes, please skip to the last question.**

If no, does your child **understand** English? \_\_\_\_\_

Does your child **speak** any English? \_\_\_\_\_

Do you as the parents/guardians **speak** English? \_\_\_\_\_

Do you as the parents/guardians **understand** English? \_\_\_\_\_

Will you partner with our school to help your child learn English? \_\_\_\_\_

Are you committed and comfortable to speaking English in your home to aid in your child learning?  
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There are specific words your child must understand. Is this a problem? \_\_\_\_\_

Is there any additional information you would like to share with us about your family's culture? \_\_\_\_\_

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