



Family Questionnaire

Please provide as much information as possible to help us get to know your child and family!

CHILD INFORMATION:

Child Name: _____ Date of Birth: ____/____/____

Is your child adopted? ___ Yes ___ No If YES, please explain more. (i.e., do they know they are adopted?

What age were they adopted?) _____

Does your child have any siblings? ___ Yes ___ No

If YES, what are their ages? _____

Is your child Right-handed or Left-handed? ___ Right ___ Left ___ Uncertain

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

What subjects/activities is your child intrigued about or have special interest? _____

What is your child's favorite toy? _____

What activities hold your child's attention the longest? _____

Is your child interested in books? _____

How much TV does your child watch per day on average? _____

How much screen time does your child have per day on average (video games, iPad, etc.)? _____

How much time each day on average does your child spend playing:

By themselves? _____ With other children? _____

Is your child more comfortable with adults or children? _____

What is your family's approach to discipline? _____

Does your child understand limits/rules? ___ Yes ___ No If NO, explain further: _____

Do you have discipline difficulties with your child? Yes No If YES, explain further: _____

Does your child adjust to new routines easily? Yes No If NO, explain further: _____

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

Does your child have any fears or anxieties? Yes No If YES, can you share them with us? _____

Is there anything your child needs help overcoming? Yes No If YES, explain further: _____

Does your child have any sensory issues? Yes No If YES, explain further: _____

Do you have a reason to suspect your child has hearing loss? Yes No

Has your child had any previous Day Care/Nursery School experience? Yes No

Is your child familiar with caregivers/babysitters? Yes No If YES, how often do they spend time with these caregivers/babysitters? _____

Does your family attend church? Yes No If YES, where? _____

Does your child attend Sunday School or church classes? Yes No

CHILD LANGUAGE INFORMATION:

Is English your child's primary language? Yes No

If NO, please answer the following questions:

What is their primary language? _____

Does your child **understand** English? Yes No

Does your child **speak** English? Yes No

Do you as the parents/guardians **speak/understand** English? Yes No

Will you partner with our school to help your child further learn English? Yes No

Are you committed to speaking English in your home to aid in your child learning? Yes No

PARENT/FAMILY INFORMATION:

Parents Name(s): _____

Relationship to Child / Marital Status: _____

Describe your family dynamic. (i.e., who makes up your family? Do you all live together?) _____

Does a parent stay home to care for your child? Yes No If NO, who cares for the child while parent is gone from home _____

Will you need to provide Sonshine Preschool with any custody/legal documentation? Yes No

If YES, you will be responsible for sending all documentation to sonshinepreschool@phbaptist.org or paper copies to Sonshine Preschool Office.

How did you hear about Sonshine Preschool? _____

Is there any additional important information you would like to share with us about your child or family?

