Learn·Play·Grow
Northminster PRESCHOOL

FAMILY INFORMATION FORM

Child's Name_____
Last First Middle Commonly Goes By (Name for tote bag)

Age _____ Birth date _____

Parent/s Names _____

Home Address _____Zip Code _____

Phone Number/s_____

Email address(es) _____

Marital Status of Parents: Married ____ Separated ____ Divorced ____ Single _____Widowed ____

If divorced, please describe custody and visitation agreement for the child. _____

_____

Other family members (siblings/aunts/uncles/cousins) who live at home:

	Name	Age	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Pets (Type and Name): _____

Describe your child's opportunities to play with other children outside the family. _____

_____

Have there been births, deaths, adoptions, or other changes in the family structure which have impacted your child? If so, describe briefly what happened, the impact on your child, and how you explained this event.

_____
_____
_____

Has your child had any previous school experience? If yes, please explain. _____
_____

Will your child most likely rest or sleep in the afternoon? (applicable to 2/3's class only)
_____

Do you currently have a church home? _____

Where will your child attend kindergarten? _____

Does your child have school age siblings and if so what school/s do they attend? _____
_____

What are your child's favorite play activities? _____

_____

What fears does your child have? _____

How are these fears expressed? _____

What do you and your child enjoy doing together? _____
_____

What trips, vacations, or other family experiences are remembered with the most pleasure?
_____

What special happening is your child apt to tell us about?
_____

How much television does your child watch each day? _____ hr/hrs
What are his/her favorite programs?
_____

Does your child usually use his/her right or left hand?
_____

Please include any other information that will help us have a better understanding of your child's interests and experiences. _____
_____