

Date \_\_\_\_\_

FAMILY INFORMATION FORM

This information is to enable the teacher to get acquainted with you and your child.

Child's name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First

Name to be used at school \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Telephone \_\_\_\_\_ Nearest Main Crossroads \_\_\_\_\_

Do you or a family member have any special interests or skills you could share with the Preschool? i.e. (circle): Teaching Nursing Carpentry Music  
Public Safety Art Other: \_\_\_\_\_

If you or your family member is willing to do odd jobs for the Co-op, i.e. light repair and upkeep, please check here \_\_\_\_\_

City and state parents are originally from: \_\_\_\_\_

Other Children in the family and their ages

Name	Age
_____	_____
_____	_____
_____	_____

Mother's interests and hobbies:

Father's interests and hobbies:

Additional comments or information:

Please complete both sides

Date \_\_\_\_\_

### DEVELOPMENTAL HISTORY

If you are uncomfortable including this written information, please talk with the teacher. All information will remain confidential.

At what age did the child walk?

Talk?

Is there a history of major or reoccurring illnesses? (i.e. chronic ear infections)

What language other than English is spoken at home?

Does your child have any physical limitations or allergies?

What are your child's special interests?

List your child's previous group experiences:

What would you like to see your child gain from this preschool experience?

Please complete both sides