

## Family Information Survey

Please fill out as much as you can. Do not feel you must answer every question.  
These questions are meant to make your child's experience with us more enjoyable.

Child's name: \_\_\_\_\_

Child's birthday: \_\_\_\_\_

Where was your child born? \_\_\_\_\_

How long has your family lived in this area? \_\_\_\_\_

Father's country of origin: \_\_\_\_\_

Mother's country of origin: \_\_\_\_\_

What name do you use for your child?  
\_\_\_\_\_

Does your child have any nicknames?  
\_\_\_\_\_

How did you decide to give your child this name? \_\_\_\_\_  
\_\_\_\_\_

Does this name have a particular meaning or translation?  
\_\_\_\_\_

What language or languages do you use to speak to your child?  
Father? \_\_\_\_\_ Mother? \_\_\_\_\_

If English is not your home language, please estimate how many English words your child knows (circle one):  
Less than 10    10 to 50    50 to 100    more than 100

Who else does your child spend time with, besides you? (Please include sisters, brothers, aunts, uncles, cousins, Grandparents, family, friends, and child care providers.)

Name	Relationship:	Age	language used
_____			
_____			
_____			
_____			
_____			

List the foods your child likes to eat. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the foods your child does not like to eat. \_\_\_\_\_

\_\_\_\_\_

What, if anything, is your child allergic to? \_\_\_\_\_

\_\_\_\_\_

What does your child usually eat with? (circle one)  
Fingers                      fork and spoon                      chopsticks

Overall health since birth: \_\_\_\_\_

\_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

How does your child let you know he or she needs to use the toilet?  
\_\_\_\_\_

Words used to refer to elimination: \_\_\_\_\_

Elimination problems: \_\_\_\_\_

Potty-training comments you'd like to share:  
\_\_\_\_\_  
\_\_\_\_\_

Toys your child plays with most: \_\_\_\_\_

Prefers playing inside or outside: \_\_\_\_\_

What religious holidays do you observe? \_\_\_\_\_

How does your family observe religious holidays and would you be willing to share your customs with your child's class? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific emotional or behavioral fears and/or issues (please explain):

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Highlights of the past year for your child? \_\_\_\_\_

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Is there any special help that Child's Way can offer your child? \_\_\_\_\_

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Please complete the following sentences:

When my child needs help from an adult, I would expect my child to

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If my child is misbehaving, I would expect the teacher to \_\_\_\_\_

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If my child is unhappy, I would expect the teacher to \_\_\_\_\_

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The most important thing my child can learn this year would be \_\_\_\_

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Is there any other information you would like to give us about your family or your child? \_\_\_\_\_

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## Contact Information:

Home phone number: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Mother's first and last name: \_\_\_\_\_

Mother's cell phone number: \_\_\_\_\_

Mother's work number: \_\_\_\_\_

Mother's profession: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Mother's hobbies/interests: \_\_\_\_\_

\_\_\_\_\_

Father's first and last name: \_\_\_\_\_

Father's cell phone number: \_\_\_\_\_

Father's work number: \_\_\_\_\_

Father's profession: \_\_\_\_\_

Father's hobbies/interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do we have permission to include your child's name in our school and/or classroom directory? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please circle additional information we have permission to include (be sure it is filled out above):

Home address      Home phone      Email address (es)

Cell phone number – mother      Cell phone number – father