



FAMILY/CHILD INPUT FORM

Your Child's Name _____ Age _____

Family Members - Mother _____
Father _____
Siblings _____
Pets? _____ Kind _____ Name _____

Mom's Profession/Employer _____

Dad's Profession/Employer _____

Nationality _____ Language Most Used at Home _____

Do you speak a second language at home? If so, what language _____

Any Cultural Diversities _____

Do you have any special or unique needs/talents within your family? If yes, please explain

What three (3) educational goals do you have for your child for the up-coming year?

(1) _____

(2) _____

(3) _____

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications? Are there any changes or transitions that your child has recently experienced or is experiencing (divorce, new home, death of a family member, friend or pet, etc.) _____

Has your child had a previous care arrangement? . ____ yes ____ no Please provide additional details (center based, in home, with family, with friends, etc.) _____

Does your child have any allergies or food restrictions? _____

List three words that describe your child. _____

Is there anything that frightens your child and how do you comfort him/her? _____

Is your child toilet trained? If not, have you started? Please explain the process. _____

Does your child need assistance when using the toilet? _____

Does your child typically nap and for how long? Does your child use any special items to comfort him/her at nap? Does your child have trouble sleeping (night terrors, going to sleep, etc.)? _____

What are your expectations of this program? _____

What other information would be helpful for the staff caring for your child to know? _____

We do offer parent/teacher conferences three times per year, however, at any time you may request a conference with your child's teacher

Classroom Participation Availability

Are you able to share any of your talents or time with the children? _____

If so, what is the best day/time of the week? _____

Parent involvement is an intricate part of quality care. We encourage parents to share with us their heritage, skills, talents, thoughts and time. Your involvement helps us to provide the best culturally sensitive program for your family. Please stop by the office to share any suggestions you may have. We do have an open door policy as well as a suggestion box in the lobby and welcome your comments and suggestions. Thank you for taking the time to complete this questionnaire.

Parent Signature

Date

Telephone Number I can best be reached _____