

Student and Family Questionnaire

Child's Name: _____ **Date of Birth:** _____

Parent(s) Name: _____

Phone/Email: _____

How did you hear about our program? Has your child attended child care or preschool before?

Basic Family Information

Child's position in the family: ___ only ___ youngest ___ middle ___ oldest

Please tell us about your child's living arrangements/schedules. Please include the age of siblings and adult relationships. For example, do grandparents play a role in your child's life? Do they live near or far?

Additional Detail About Your Child

What do you consider your child's strongest points and greatest challenges?

Please tell us about: developmental challenges (speech, vision, hearing), unusual behavior (breath-holding, biting, tantrums, etc), current or past illness or conditions (seizures, allergies).

What activities does your child enjoy? Painting, building, reading-aloud, playing outdoors...
