

**OPEN ARMS CHRISTIAN PRESCHOOL  
FAMILY INFORMATION FORM**

**IDENTIFICATION:**

Child's Name \_\_\_\_\_  
Name preferred to be called \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Birthday \_\_\_\_\_ Age (Sept. 30, 2016) \_\_\_\_\_ years \_\_\_\_\_ months  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Subdivision \_\_\_\_\_  
Primary phone \_\_\_\_\_ Additional phone \_\_\_\_\_

**FAMILY INFORMATION:**

Father's Name \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Office Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_ Office Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Marital Status of Parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_  
Child lives with: Both parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_  
If divorced, please describe custody and visitation agreement for the child. \_\_\_\_\_

Others in your household:

Sisters, give names and ages \_\_\_\_\_

Brothers, give names and ages \_\_\_\_\_

Other adults, give names, ages, and relationship to child \_\_\_\_\_

Other significant persons in your child's life (step-families, grandparents, babysitters, and so forth). Please give ages of children listed.

Names	Relationship to child
_____	_____
_____	_____

Have there been births, deaths, adoption, handicaps, extended illness, or other changes in the family structure which affected your child? If so, describe briefly what happened and the effect on your child.

Tell us briefly how you explained this event to the child.

Have you move recently? \_\_\_\_\_ From where? \_\_\_\_\_

Pets (Kind and Name): \_\_\_\_\_

**SOCIAL HABITS:**

What opportunities does your child have to play with other children?

\_\_\_\_\_ Neighborhood

\_\_\_\_\_ Sunday school/church

\_\_\_\_\_ Name of church family attends \_\_\_\_\_

\_\_\_\_\_ Cousins/other family

\_\_\_\_\_ Nursery school or other classroom experience

\_\_\_\_\_ Name of program \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

What is the usual size of the child's playgroup? \_\_\_\_\_

Are playmates: girls \_\_\_\_\_ boys \_\_\_\_\_ younger \_\_\_\_\_ older \_\_\_\_\_

Does the child play alone? Always \_\_\_\_\_ often \_\_\_\_\_ seldom \_\_\_\_\_ never \_\_\_\_\_

Does the child like to play alone?

\_\_\_\_\_

What are your child's favorite play activities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What kind and frequency of activities does father have with child? \_\_\_\_\_

\_\_\_\_\_

What kind and frequency of activities does mother have with child?

\_\_\_\_\_

\_\_\_\_\_

Do you consider your child hard to manage or easily managed? \_\_\_\_\_

If hard to manage, what are the major points of issue?

\_\_\_\_\_

\_\_\_\_\_

What fears does your child have?

\_\_\_\_\_

How are they expressed? \_\_\_\_\_

What nervous habits does child have? \_\_\_\_\_

When are these shown? \_\_\_\_\_

Does child accept new people easily? \_\_\_\_\_

Are there any speech difficulties? \_\_\_\_\_

How would you describe your child? \_\_\_\_\_

What is your child's most attractive characteristics? \_\_\_\_\_

What personality characteristics would you like for your child to develop? \_\_\_\_\_

**ROUTINES:**

How much television does your child watch each day? \_\_\_\_\_

How much sleep does your child require daily? \_\_\_\_\_

Does your child nap regularly? \_\_\_\_\_ Usual bedtime: \_\_\_\_\_

Describe your child's eating habits:

Likes a lot of foods                      Eats only a few foods

Eats only at mealtime                      Snacks all day

Favorite foods \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ (Child should be trained by 3.5 years old.)

What words does your child use to indicate the need to go to the rest room? \_\_\_\_\_

What daily activities does the child usually do by himself/herself? (Please circle):

Eats	Brushes teeth	Washes face	Undresses
Washes hands	Takes bath	Takes off wraps	Puts away toys
Puts on shoes	Uses toilet	Climbs	Talks

What things does the child do partially yet needs some adult assistance? \_\_\_\_\_

**OTHER INFORMATION:**

Please give any additional information you think might be helpful to us in understanding your child. (i.e. Description of any handicaps, sibling relationships, role in neighborhood play group, travel experiences, attitude toward entering preschool, special interest.)

What hopes and expectations do you have for your child from our program? (Please place a star beside what you consider most important for your child to learn.)

Do we have permission to take photographs of your child for classroom purposes?

Yes\_\_\_\_\_ No\_\_\_\_\_

You will have a separate photo release form for print/public purposes.

Do we have permission to take your child on field trips? Yes\_\_\_\_\_ No\_\_\_\_\_ (You will be notified in advance of each trip and asked to fill out a separate field trip form.)

Signature of Parent answering this questionnaire:

\_\_\_\_\_ Date:\_\_\_\_\_