

**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: _____