



Family Information Questionnaire

Help us get to know your child! All information is optional however, beneficial for teaching staff to better understand and assist your child to the best of their abilities. All information provided is kept confidential in your child's file.

Child's Name: _____ Nickname(s): _____

Who lives in the home with your child (e.g. grandparents, extended family, roommates, etc.)? _____

Does your child have any siblings?

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Does your family have any pets? _____

Are there any names of Grandparents/Cousins/Special Friends that staff may hear about regularly from your child?

What language(s) are spoken in the home? _____

What traditions or holidays are celebrated in your home? _____

What are a few of your child's favorite foods? _____

Are there any foods your child dislikes or cannot have? _____

Does your child have any special interests or fears? _____

What method works best to comfort your child when upset or hurt? _____

Please include any additional information concerning your child which will be helpful in their experience, or that will help teaching staff get to know your child such as eating or sleeping habits, favorite toys, commonly used phrases or communication needs, etc.: _____