

(Office Only)

Child's Name: (last) _____ (first) _____ (class) _____

CHILD INFORMATION FORM

Please be specific when filling out both sides of this form, this form is kept in your child's classroom and the teachers use this form to help them get to know your child.

FAMILY INFORMATION

Child's Name: _____ D.O.B. _____

Name Child Goes By/Nickname: _____ Gender: M F

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Mother's Occupation: _____

Mother's Cell: _____ Mother's Work #: _____

Mother's Email: _____

Church Mother Attends: _____ Member: Yes No

Father's Name: _____ Father's Occupation: _____

Father's Cell: _____ Father's Work #: _____

Father's Email: _____

Church Father Attends: _____ Member: Yes No

Child Lives with: Mother & Father Mother Father

Other (please list) _____

Parent's Marital Status: Married Divorced Separated Other _____

Siblings (Please list name by what your child calls them):

_____ Age _____ Age _____

_____ Age _____ Age _____

Please list other adults in the family residence:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

HEALTH INFORMATION - PLEASE LIST TYPICAL ALLERGIC REACTIONS

Food Allergies: _____

Other Allergies: _____

Other Health Problems: _____

ROUTINE INFORMATION

Eating Habits & Difficulties: _____

Sleep & Nap Habits: _____

Other Comments: _____

SOCIAL & PHYSICAL GROWTH

Please mark the following with a **Y** (Yes) or **N** (No) where applicable, additional notes can be provided in the space below.

- | | |
|------------------------------|---------------------|
| 1. Right Handed __ | 8. Unusual fears __ |
| 2. Left Handed __ | 9. Speaks well __ |
| 3. Well Coordinated __ | 10. Excitable __ |
| 4. Clumsy __ | 11. Restless __ |
| 5. Good hand coordination __ | 12. Shy __ |
| 6. Feeds Self __ | 13. Domineering __ |
| 7. Impulsive __ | 14. Outgoing __ |

Please list any additional comments regarding the above information: _____

What are some of the ways your child plays at home? _____

Favorite Books: _____

Favorite Foods: _____

Favorite Toys: _____

Special Interests: _____

Is your child enrolled in a community activity/group (dancing, art, etc.)? _____

In what ways do you expect WRBC KDO to help your child? _____

Other comments you think will help those working with your child: _____
