

(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: _____
