

**(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: \_\_\_\_\_

\_\_\_\_\_