



# Family Information Form

By providing the information requested on this form, you help us fulfill our mission of serving the growth and developmental needs of each child and family. We regard this form as confidential and as one means of gathering information to insure the safety and well-being of your child. **To ensure privacy, we ask you to make a copy of this completed form and provide an original signature on both copies.** (One copy is retained in your child's file in the locked filing cabinet in the school office and one copy is retained by your child's teacher in their assessment records.) Please let us know of any changes during the year. Thank you.

Would you be interested in exchanging childcare with another family?      Yes      No

Would you be interested in providing paid childcare for another family?      Yes      No

## Family Data

Child's full name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Home address \_\_\_\_\_

Telephone # \_\_\_\_\_ (this is the primary phone we will use for emergencies and phone trees)

**Parent/Guardian #1 Full Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home address (if different) \_\_\_\_\_

Telephone # home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

Occupation \_\_\_\_\_ Hrs/days \_\_\_\_\_

**Parent/Guardian #2 Full Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home address (if different) \_\_\_\_\_

Telephone # home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

Occupation \_\_\_\_\_ Hrs/days \_\_\_\_\_

If mother and father are separated or divorced, please respond to the following:

Date the separation/divorce occurred \_\_\_\_\_

The custody arrangements are as follows \_\_\_\_\_

Name of persons living in household (siblings, grandparents, nanny, au pair, etc.). Please list sibling ages.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Names of significant people who care for your child (grandparent, neighbor, nanny, etc.)

Name

Relationship to child

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If your child is adopted, please indicate any information or circumstances that may be helpful.

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Types and names of pets

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Religious preference

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Has your child had any previous preschool or group experience? If so please indicate the following:

Year

Place

Teacher or Facilitator

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Please list two people to contact if parents cannot be reached. (Can be family, friends, or neighbors but should be someone who knows the child and lives relatively close.)

Name

Address

Daytime Phone #

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In addition to the people identified above, list any other people authorized to pick up your child.

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Are there any persons NOT authorized to pick up your child? Please list.

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Child's physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Does your child have any known allergies?** If so, please note and describe all allergies (food, medicine, environmental, etc.) and child's reaction. We also require a written care plan from your physician for food allergies to include instructions regarding the food to which the child is allergic to and the steps to be taken in the event of a suspected or confirmed allergic reaction.

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Relative to the allergies described above, what precautions and procedures do we need to take?

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Does your child have any chronic medical conditions (asthma, diabetes, etc.)? Please describe:

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Is your child routinely on medication? Please list medications. **IF THESE MEDICATIONS ARE TO BE ADMINISTERED DURING SCHOOL HOURS, THE MEDICATION NEEDS TO BE NEW AND IN ITS ORIGINAL PACKAGING WITH THE PRESCRIPTION ON THE MEDICATION. YOU MUST ALSO COMPLETE A MEDICATION AUTHORIZATION FORM FOR EACH PRESCRIPTION.** Please see the Director for further assistance.

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Please list the names of individuals authorized to have access to your child's health information.

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If your child is in the midst of toilet training, please provide any information that may be useful.

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It is a policy of Spring-Mar to retain a record for every child receiving public or private services for developmental delays in areas such as speech, language, gross and fine motor, etc. so that our staff may match and enhance their delivery of educational and support services to your child. Please describe the kind of services and the service provider's name and agency.

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An IEP/IFSP is currently on file: Yes No                      An IEP/IFSP is forthcoming: Yes No ETA \_\_\_\_\_

Please note any concerns or observations you would like to share with regard to the physical/fine and gross motor growth and development of your child.

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### Social and Emotional Information

The following questions relate specifically to growth and development. While growth and development are on an expected continuum, they are also unique and individual to each child. Please respond to the following to reflect your child at present. You are always invited to update this form or notify staff of changes at any time.

My child seems happiest when he/she:

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New situations are more comfortable for my child if:

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At Spring-Mar, we work to assist children in feeling secure and comfortable in our setting. Young children often have a security or attachment item (blanket, lovey, special stuffed animal, etc.). Please tell us if your child has such an item.

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If I were to name something my child were worried about or afraid of it would be:

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How do you handle worries or fears?

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My child seems frustrated or angry when he/she:

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If the need arises at home, how is your child disciplined?

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What are important rules in your home?

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Please describe any events or situations relating to your child that may be helpful to the teacher (births, deaths, moves or change in family life, etc.).

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My child has evidenced a strong dislike or avoidance of:

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My child has evidenced a strong liking or attraction to:

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Please note any concerns or observations you would like to share with regard to the social and emotional growth and development of your child.

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### **Cognitive and Language Information**

Spring-Mar is a firm adherent to both educational theory and teaching practices that affirm a child's first and family language as one to be respected and supported. We recognize this as critical when we remember that thinking and language functions are intricately related.

The language(s) spoken in our home is (are): \_\_\_\_\_

My child's primary language is: \_\_\_\_\_

My child's second language is: \_\_\_\_\_

Sometimes children develop their own vocabulary for important things. Please note any designations or substitutions your child has or family phrases that would be helpful to know.

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Please note any concerns or observations you would like to share with regard to the speech and language development of your child.

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**Cultural Information**

What are important celebrations or rites of passage in your home?

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Please share any relevant non-allergy food issues.

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Do you have any cultural concerns or issues we could address?

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**Parent Expectations**

In order to serve you to the best of our ability, the following information would be helpful.

The thing(s) I would most want you to know and learn about my child is (are):

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The kind of school experience I would most like to see for my child this year would be:

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The areas of growth that I would like to see for my child this year:

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I chose Spring-Mar for my child this year because:

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If your child is enrolled in one of our Inventors (Pre-K) classes, which elementary school will he/she be attending the following year?

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Additional Comments:

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Form completed by \_\_\_\_\_

Date \_\_\_\_\_