

# PARENT INFORMATION FORM ~ 2017-2018



Date \_\_\_\_\_

Child \_\_\_\_\_

Age as of today: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Thank you for trusting us with your child this year. We are honored to spend the coming year with your child and getting to know them and your family. *(Please PRINT)*

1. Tell us about your family - who lives in your house?

Parent \_\_\_\_\_

Parent \_\_\_\_\_

Sisters Name: \_\_\_\_\_ Age, Grade, School \_\_\_\_\_

Sisters Name: \_\_\_\_\_ Age, Grade, School \_\_\_\_\_

Brothers Name: \_\_\_\_\_ Age, Grade, School \_\_\_\_\_

Brother Name: \_\_\_\_\_ Age, Grade, School \_\_\_\_\_

Others Living in your house: \_\_\_\_\_

Pets: \_\_\_\_\_

2. What do you do for a living? Who do you work for? What do say to your child about what you do?

Father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What kinds of things do you do as a family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are there other names or nicknames to which your child answers?

\_\_\_\_\_

\_\_\_\_\_

5. What are some important things we need to know about your child - play habits, likes & dislikes, fears, eating behaviors, living arrangements?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Over)

6. What things are that your child is interested in - sports, music, animals, etc.?  
\_\_\_\_\_
7. What help assistance does your child need when toileting? Any special things we should know or do? Words used for bowel movement? Urination?  
\_\_\_\_\_  
\_\_\_\_\_
8. What do you want your child to get out of his/her preschool experience?  
\_\_\_\_\_  
\_\_\_\_\_
9. What is your method of discipline?  
\_\_\_\_\_  
\_\_\_\_\_
10. What language is spoken at home? Are there a few words in your home language that you could write for us to help us in communication with your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Things you want us to know about your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Any other concerns you would like us to know about? \_\_\_\_\_  
\_\_\_\_\_
13. Would you likely come to a parenting class if offered by our church? \_\_\_\_\_  
Would you be interested in a monthly parent coffee? \_\_\_\_\_

Form Completed by: \_\_\_\_\_ (your name)

Relationship to Child: \_\_\_\_\_ s \_\_\_\_\_

**\*\* Thank you for filling this out. Even though you have given us this information in other forms, this form goes TO the teacher. It is a great help to the teachers in getting to know your child- especially in the first few weeks of school!**