

## Child & Family Information

Child's Full Name:
Child's Date of Birth:
List the names and relationships of immediate family members as well as other people who live with your child.
How do you and your family spend time together?
Describe your family traditions and cultural heritage.
Is there anything about your family that you would like to share with us that would be useful in our work with your child?
Tell us about some of your child's favorite activities.
What are your hopes for your child?
What is your top concern for your child's success?
How do you feel about your child's overall health?
Is there any other information that you would like to share with us about your child or family?

How would you like to participate in our program?

- Share a special skill or interest:
- Assist with classroom activities
- Join us for special events
- Other:

Are there any services that we can direct you to?