

Wee Lad & Lassie/A Child's Garden
Family Information Form

Dear Families,

We look forward to having you and your child in our program. To guide us in planning our program of activities, we would like to know more about your child. Please take a few minutes to fill out this form and answer as many questions as possible. You may want to discuss some of the questions with your child.

Parent's/Guardian's Name(s) _____
Date _____
Child's Name _____ Nickname _____
Age _____ Classroom _____
Mom's Cell Number _____ Dad's Cell Number _____

Parent's/Guardian's Primary Language _____ Child's Primary Language _____

Child lives with: both parents _____ Mother _____ Father _____ Other _____

Siblings' names and ages:

1. _____ 2. _____
3. _____ 4. _____

Your Child:

What goals do you have for your child:

Academically? _____

Emotionally? _____

Other goals? _____

Please discuss any forms of discipline you use at home: _____

What are the most important things we can do to help your child have a positive experience in our program?

What kinds of events you would like to see held at our school to support your child and/or family?

Please tell us a little about your child's temperament and personal style so that we can provide appropriate guidance and support. (For example, is your child active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible?)

What do you think are your child's best qualities?

Are there areas where you feel your child may need any kind of extra help or support? Does your child have an IFSP/IEP (if yes please provide copy)? Does your child have any special needs we should be aware of? Please describe.

Has your child ever tried to run away from you? Have they unlocked doors or tried to leave your home? If yes, please describe.

Please review our snack menu posted in the kitchen. Are there any foods served to which your child is allergic? _____

Is your child toilet trained? ____ Is your child in the process of potty training? ____
Please describe your child's progress _____

Does your child nap? ____ If so, at what time and for how long? _____

Information about your child's interests

Please check your child's favorite activities to do at home or in the neighborhood

____ sports and outdoor games	____ board and table games	____ dancing
____ music	____ singing	____ arts and crafts
____ exploring nature	____ story books	____ building things

_____playing with friends
_____other _____

_____pretend play

_____cooking

Your Family:

Which countries / cultures are represented in your family? _____

How are holidays, celebrations, customs, or traditions in your family observed?

Tell us about some of the occupations and professions represented in your family:

What are some recipes and/or foods that represent your family culture? What foods are your family's favorites to eat and prepare?

Is there any other information you feel would be helpful for us to know about your child / family? _____

How did you hear about us? _____

Thank you!

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