



FAMILY INFORMATION SURVEY

Child's Name _____ DOB _____

Please select all that apply

Ethnicity: ☐ Caucasian ☐ Hispanic ☐ Latino ☐ Asian ☐ African-American ☐ Native-American
☐ Other-Specify _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

E-Mail: (Mom) _____ Email: (Dad) _____

Marital status of parents: _____

Who is legally responsible for the student: ☐ Both ☐ Mother ☐ Father ☐ Other

Child lives with: ☐ Both parents ☐ Mother ☐ Father ☐ Other _____

List persons living at your house:

<u>Name</u>	<u>Relationship to Child</u>	<u>Age</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Language spoken in home: _____

Additional languages spoken in the home: _____

Registered Catholic: _____ Parish Name: _____

Religion (If not Catholic): _____

TELL US ABOUT YOUR CHILD:

What is your child's favorite activity? _____

What is your child's least favorite activity? _____

Using 3 words, describe your child: _____, _____, _____

What are your child's strengths? _____

Does your child have any specific fears? _____

In what areas would you like to see your child develop?

Has your child ever attended Preschool, or any other school, before? If yes please list the names of the schools.

If your child has ever attended SJA Preschool please list teacher's names.

How does your child feel about coming to Preschool?

Is there anything that he/she is looking forward to doing or trying?

Does your child have any special concerns about Preschool?

What do you hope to get out of this Preschool experience?

How would you characterize your child's temperament? Ex (sensitive, shy, active, enthusiastic, energetic)

**Has your child ever received an assessment or evaluation (medical, neurological, psychological, or educational)?
If so, by whom? If yes, please describe and attach results.**

Please share any further information that may help us better meet your child's needs. All information provided remains confidential.

Signature: _____

Date: _____