



**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:** \_\_\_\_\_