

# First Faith Preschool & Kindergarten

## Personal Family Record

This family record is designed to give your child's teacher the best, most appropriate care for each of her students. The information in this family record is confidential and will only be shared with your child's teacher and/or the director. Please return this form to your child's teacher on the first day of school.

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mom's phone #: \_\_\_\_\_ Dad's phone #: \_\_\_\_\_

With whom does your child primarily live? Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_

### Health:

Does your child have allergies? Yes \_\_\_ No \_\_\_

If yes, what allergies does your child have? \_\_\_\_\_

How should we respond if your child has an allergic reaction? \_\_\_\_\_

Does your child have any developmental delays and/or medical conditions? Yes \_\_\_ No \_\_\_

Please list: \_\_\_\_\_

Is your child taking any medications? No \_\_\_ Yes, \_\_\_\_\_

### Toileting:

Does your child need assistant with toileting? Yes \_\_\_ No \_\_\_

How can we best help your child with toilet training? \_\_\_\_\_

### Behavior:

Does your child have any special fears? If so, please list.

Does your child have any special needs? If so, please list.

When your child gets upset, what helps him/her calm down? \_\_\_\_\_

Are there any special words/phrases that your child uses that might not be easily understood? \_\_\_\_\_

### Naptime:

Does your child sleep through the night? Yes \_\_\_ No \_\_\_

Does your child nap at home? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

What is your child's typical routine for naptime? \_\_\_\_\_

Do you do anything to help your child fall asleep? \_\_\_\_\_

Does your child sleep with a comfort item? Yes \_\_\_ No \_\_\_

**(OVER)**

**Eating Preferences:**

How would you describe your child's appetite? Great \_\_\_ OK \_\_\_ Not much \_\_\_

Please list any special feeding instructions: \_\_\_\_\_

Favorite snacks are: \_\_\_\_\_

**Activities:**

What are your child's dominant play interests:

Indoors: \_\_\_\_\_

Outdoors: \_\_\_\_\_

What activities do you like to do with your child? \_\_\_\_\_

**Family:**

How does your child customarily react when separating from you?

Two family rules we have are:

1) \_\_\_\_\_ 2) \_\_\_\_\_

When our child does not do what we expect of him/her, we usually (circle all that apply)

time out spank take away privileges talk about it other

If other, please explain:

When our child does not get his/her way, he/she will (circle all that apply):

cry pout withdraw tantrum act aggressively talk about it

If adopted, what age was your child adopted? \_\_\_\_\_

Please circle response:

yes/no There has been a divorce in our family.

My child has contact with the non-custodial parent \_\_\_ times per month.

yes/no There are restrictions with the non-custodial parent of which the school should be aware.

List: \_\_\_\_\_

yes/no We have moved recently from: \_\_\_\_\_

yes/no Our family includes a pet(s). Names and types: \_\_\_\_\_

yes/no Our family speaks English at home.

If another language is spoken, please list: \_\_\_\_\_

Additional comments about your child that would be helpful for us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_