



## Family Information Questionnaire

*Help us get to know your child! All information is optional however, beneficial for teaching staff to better understand and assist your child to the best of their abilities. All information provided is kept confidential in your child's file.*

**Child's Name:** \_\_\_\_\_ **Nickname(s):** \_\_\_\_\_

**Who lives in the home with your child (e.g. grandparents, extended family, roommates, etc.)?** \_\_\_\_\_

**Does your child have any siblings?**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Does your family have any pets?** \_\_\_\_\_

**Are there any names of Grandparents/Cousins/Special Friends that staff may hear about regularly from your child?**

**What language(s) are spoken in the home?** \_\_\_\_\_

**What traditions or holidays are celebrated in your home?** \_\_\_\_\_

**What are a few of your child's favorite foods?** \_\_\_\_\_

**Are there any foods your child dislikes or cannot have?** \_\_\_\_\_

**Does your child have any special interests or fears?** \_\_\_\_\_

**What method works best to comfort your child when upset or hurt?** \_\_\_\_\_

**Please include any additional information concerning your child which will be helpful in their experience, or that will help teaching staff get to know your child such as eating or sleeping habits, favorite toys, commonly used phrases or communication needs, etc.:** \_\_\_\_\_