

FAMILY INFORMATION 2019-2020 SCHOOL YEAR

The following information will be used by the staff at Promises as we prepare to care for, nurture, encourage and teach your child.
This information will remain confidential.

Child's Name

Last First

Name the Child prefers (nickname) _____

Child's Birthdate _____ Gender Male/ Female

Name of Mother

Last First

Occupation & place of employment _____

Home Address _____

Home Phone _____ Mobile Phone _____

e-mail address _____ Work phone _____

Name of Father

Last First

Occupation & Place of employment _____

Home Address Same as mother _____

Home Phone Same as mother _____ Mobile Phone _____

e-mail address _____ Work phone _____

Marital Status of Parents Married, living together Separated Divorced

If divorced, please describe custody and visitation agreement for the child.

If your child has a **regular caregiver** other than the parents, please provide the following:

Name _____ Relationship _____ Primary Phone _____

Others in your household (siblings and other adults)

Names	Age	Relationship to Child

Have there been births, deaths, adoptions, or other changes in the family which affected your child? Please describe.

Is your child toilet trained and what assistance does he/she require when using the bathroom?

Does he/she ask to go? Yes/ No If so, what word does he/she use? _____

What additional assistance does he/she need? _____

Family's place of worship _____

What is child's primary language spoken in your home? If applicable, is there a secondary language spoken in the home? _____

My child has the following independence skills (check all that apply)

Feeds self Drinks from a regular cup Washes hands Uses toilet independently

Has your child previously attended preschool or day care? If so, where, and please described his/her experience.

What hopes and expectations or concerns do you have for your child from our program?

HEALTH ISSUES

1. Does your child have any allergies? Yes / No If so, to what substance? _____

And how is it manifested? _____

Is it treated with medication? If so, which medication? _____

2. Is your child taking any regular medication? If so, please describe. _____

3. Does your child have frequent sickness? Has your child had a serious illness, surgery, or hospital stay? If so, please describe.

4. What, if any, dietary restrictions does your child have? Is it due to medical needs, family preference, or other.

PERMISSIONS

1. Will you permit Promises Preschool to take photographs and videos of your child during the school year for use in preschool social media including but not limited to websites, blog and Facebook; promotional materials; and church materials.

Yes / No

2. Will you permit your child to participate in the Media Center (Library) program during the school year? And, will you accept the responsibility for helping your child return each book when it is due?

Yes / No

Parent/Guardian Signature

Date