

## Family Information Form

*Corner Co-op Nursery School*

The information requested on this form is solely for use of our teachers to help them better understand our children.

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Home Background

Does your child share a room?

With whom, and how old are they?

Does your child live in a nuclear family?

With both parents?

Is your child adopted?

Does he/she know it?

Have you any other adopted children?

Are you expecting a new baby?

If so, when?

Does your child know?

Has your child's living situation undergone any major changes in the past few years (e.g., living abroad, divorce, death the family)?

Other members of the household:

Name

Birthdate

Relationship to Child

### Health Matters

Any disabilities (visual, auditory, speech, muscular)? Please explain.

Any food or drug allergies? Please explain.

**Sleeping**

Day nap? From : \_\_\_\_ To: \_\_\_\_

Any concerns or problems regarding sleeping habits?

**Eating**

Describe eating problems, if any:

Does your child feed herself/himself?

**Elimination**

What words does your child use?

Does your child urinate alone?

Does he stand?

Any difficulties?

Approximate age toilet trained:

**Speech**

Any difficulties?

Enunciation: Understandable?

Difficult?

**Social Relationships and Experience**

Is play active? Sedentary? Boisterous? Quiet? Energetic? Self-initiated?

Dependent on adult direction?

Does your child enjoy playing alone?

Does your child enjoy playmates at home?

Outside of home?

Prefer adult companionship?

Prefer what age children?

Does your child have frequent temper tantrums?

Does your child protect her/himself?

What is his/her usual method of self-protection (e.g. hitting, biting, pushing, kicking, yelling, removal from the scene, etc)?

Does your child have any imaginary playmates?

Can you describe them?

How much time is spent alone watching TV?                      a.m.                      p.m.

Are stories read?                      Does your child have any favorite or special books?

Does your child enjoy any special music or songs?

Has your child had any previous group play experiences (e.g. nursery school, Sunday school, playgroups, other)?  
Please describe.

Did she/he enjoy it?

What kinds of experiences would you like Corner Co-op to provide for your child? Are there any specific areas in which you would like your child to grow? Please share anything you'd like your teachers to consider and be aware of.

Please share anything further that you feel may enhance the teacher's understanding of your child and her/his background. Also, please describe as best you can what you as parents hope to gain from your experience in the Corner Co-op.

What special skills, talents, interests or hobbies do you have that might be useful in the classroom? Don't worry about sounding far-fetched; you never know what might fit into the curriculum!