



Family Information
(Required for Step Up to Quality Programs)

This questionnaire is to help us plan inclusive activities in our preschool classrooms. We understand our preschool children come from different backgrounds and we would like to celebrate this throughout the year. If you do not feel comfortable answering any of the questions, feel free to leave those questions blank; however, any information you do give will help us plan a positive experience for your child.

Child's Name	Child's Nickname (If Applicable)
Does your child have any history of medical conditions? If so, please list.	
Where do you live? (i.e. house, farm, apartment, mobile home)	
Who is in the child's family?	
Who lives at home with your child?	
What is the primary language spoken in your child's home? (please include sign language)	
If there are adults in your home who work, what type of work do they do?	
Are they willing to talk about their work to the preschool Class? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved, divorce, death in the family?) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are there any cultural or religious practices of your family of which we should be aware? (dietary restrictions, clothing, head covering, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Our program celebrates various holidays and events (including birthdays) throughout the year. If your family does NOT celebrate certain holidays, how would you prefer us to work with you and your child when we have holiday activities in our program?	
How do you feel about your child learning or participating in holiday activities that are not part of your family's tradition or religion?	
Would you like to participate in activities in the classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when are you available?	

Do you have any pets at home? Yes No If yes, please list type and name.

Has your child had a previous care arrangement or preschool experience? Yes No If yes, please explain:

center-based in home with family baby sitter other _____ Preschools attended _____

Does your child have any favorite foods?

Does your child dislike any foods?

Are there any foods your child should not be fed? (Preschool Licensing requires a form to be completed for children with food allergies and/or restrictions)

Please check all the words that best describe your child's personality and behavior.

active adventurous affectionate anxious busy calm cautious cheerful content creative curious easily-angered emotional

energetic excitable friendly gives in easily happy hesitant insecure jealous likes structure & routine loud loving mellow

outgoing prefers adult attention quiet sensitive serious shares-well social spontaneous stubborn tentative

other:

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child nap? (Some of our programs are required to have a rest period)

Yes No If yes, suggestions that may help your child rest:

What is your child's mood upon waking?

Does your child need any special seating when sitting at the table?

Yes No If yes, please explain:

Is your child toilet trained? Yes No

Does your child need assistance when using the toilet? Yes No Please explain if yes:

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child go to bed _____ and wake up in the morning _____?

Does your child have trouble sleeping? (night terrors, trouble going to sleep, etc.) Yes No If yes, please explain:

What might you or your child be anxious about as he/she starts in this program?

What might you or your child be excited about as he/she starts in this program?

Do you have any ideas or themes for us to cover in our classroom?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date