

**Barberton Preschool  
Family Information Sheet**

Child's Full Name :	Nick Name ( if any)
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**By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in our program. List any information you feel will be helpful to staff while caring for your child.**

Who is in your child's immediate family ? ( Please list by who they are, their name and ages for siblings )

Family Arrangements : Please check all that apply

- Both parents living in one Home
- Mom living in one home and Dad living in one home
- Single Parent home
- Guardianship other than parents
- Foster Parent
- Other : \_\_\_\_\_

Do you have any pets at home? If so, what are they and what are their names?

What is the primary language spoken in the home ?

Are there any cultural or religious practices of your family we should be aware of? ( Clothing, holidays, dietary restrictions, etc.)

Does your child have any allergies ? ( Food , medication, etc. ) If so, please list allergies and the reactions to them.

What are your child's interests, likes and dislikes ?

Areas of interest :

- Animals
- Letters / Alphabet
- Dinosaurs
- Tools
- Cars & Trucks
- Sports
- Trains
- Shapes
- Numbers
- Weather
- Playing Dress up
- Princesses
- Barbies
- Baby dolls
- Bubbles
- Unicorns
- Other : \_\_\_\_\_

Favorites :

- Tv shows/ Movies \_\_\_\_\_
- Characters \_\_\_\_\_
- Restaurant(s) \_\_\_\_\_
- Foods/ Snacks \_\_\_\_\_
- Music/songs \_\_\_\_\_
- Toys \_\_\_\_\_
- Outdoor activities \_\_\_\_\_

Things your child does not like :

- Foods \_\_\_\_\_
- Noises / sounds \_\_\_\_\_
- Activities \_\_\_\_\_
- Animals \_\_\_\_\_
- Materials/ Toys \_\_\_\_\_
- Fears \_\_\_\_\_

Please describe your child's personality and behaviors :

What do you do to comfort your child when they are upset? (Routines, items, etc.)

My child sits in

- A high chair
- Booster
- Child size chair
- Adult size chair

Is your child potty trained? Do they need assistance when using the restroom ?

Do you have the internet at home ?

- Yes
- NO

Do you have access to a device to use the internet ?

- Yes
- NO

How does your child get to and from school ?

Does anything about your child worry you ?

What might you and/or your child be anxious about as they start the program?

What are you and/or your child excited about as they start the program?

What are your expectations of the program?

Any other information you feel would be helpful for the staff caring for your child :

Parent/ Guardian Signature

Date: