

Family information Form

A Note To Parents/Guardians:

The purpose of this history and questionnaire is to identify your child's health risk factors and family factors which may affect your child's learning readiness. Completion of the questionnaire is voluntary. Declining to answer any of these questions will not prevent your child from enrolling in kindergarten or 1st grade. However, our goal is to help your child be successful in school and this information will be used for that purpose. If you do not want this information to be a part of your child's school record, please indicate at the end of the form.

Identifying Information

Mother	Father
Parent Name: _____	_____
Phone: Home _____ Cell _____	Home _____ Cell _____

Members

Including parents, list all living in your home

	Name	Relationship	Birthdate
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Family Issues/Resources

Would you like information about the following areas?

- | | | |
|---|----------------------------------|--|
| _____ Parenting/Parenting Groups | _____ Alcohol/Drug Abuse | _____ Transportation |
| _____ Housing Assistance | _____ Food/Clothing | _____ Jobs/Career Counseling |
| _____ Public Assistance | _____ Recreational Programs | _____ Health Care/Insurance |
| _____ Early Childhood Family Education | _____ Parent/Child Relationships | _____ Preschools (Private, Public, Head Start) |
| _____ Personal Family Problems/Counseling | _____ GED/Adult Basic Education | _____ Child Care/Day Care |

Have there been any changes or problems in your family that may affect your child at this time?

(I.e. New baby, divorce, moving, financial concerns)

Please remember to bring Immunization information and Birth Certificate. (Baptism Certificate)