



# Family & Child Information Form

| Student Information  |         | Caregiver (if applicable)                        |
|--|---------|--|
| Name:  | Gender: | Name:  |
| Birthdate:   | Class:  | How long have they known your child?             |
| Parent/Guardian 1  |         | Parent/Guardian 2                                |
| Name:  |         | Name:  |
| Interests/Skillset/Profession (current or past):   |         | Interests/Skillset/Profession (current or past): |
| Communication  |         |  |
| <p>You will receive communication from your child's teachers and the admin team via the email addresses you provided when registering. Occasionally you will receive hard copy information in your child's classroom folder. <i>If you do not use email, please indicate a preferred way to communicate with you:</i></p> <p style="text-align: center;">PHONE                      CHILD'S FOLDER</p> |         |  |
| Health & Wellness  |         |  |
| My child has a food-based allergy: ____ Yes ____ No    Allergies Include:  |         |  |
| My child will keep an Epi-Pen/Auvi-Q at school: ____ Yes ____ No   |         |  |
| My child has Asthma: ____ Yes ____ No    My child will keep an inhaler at school: ____ Yes ____ No   |         |  |
| Does your child have a medical condition that may require monitoring or treatment at school?<br>____ Yes ____ No    If yes, please explain:  |         |  |
| <b><i>If you answered yes to any of the above questions, please contact Katie Kelly at 847-864-3889.</i></b>   |         |  |
| Child Development  |         |  |
| Has your child or does your child currently receive any therapeutic services such as speech therapy, occupational therapy, physical therapy, social work? ____ Yes ____ No   |         |  |
| If yes, please explain:  |         |  |
| Do you have concerns or questions about your child's development? ____ Yes ____ No   |         |  |
| If yes, please explain:  |         |  |
| Family Structure   |         |  |
| Adults living in your household:   |         |  |
| Additional children in the family (name & age):  |         |  |
| Other people and/or pets who are important to your family:   |         |  |
| Please let us know of any pertinent custody arrangements:  |         |  |
| Should we list separate addresses on class lists and in the Directory? ____ Yes ____ No  |         |  |

(Turn Over Please)

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Student Name:

|  |
|--|
| <b>Family</b>  |
| Please describe your child and family's cultural/racial/ethnic identity:   |
| What language is spoken in your home?    Primary: _____ Other: _____   |
| What do you enjoy doing together as a family?  |
| Are you willing to share your family's culture and/or traditions with your child's class?    ___ Yes ___ No<br>If yes, tell us more:           |
| <b>Child</b>   |
| Please describe your child's personality/temperament:  |
| What are your child's interests?   |
| Does your child have any particular fears?   |
| Does your child have a comfort item?   |
| How does your child react when separated from you?   |
| Is your child potty-trained? ____ Yes ____ No    Comments:   |
| <b>Other</b>   |
| Is there a special circumstance in your child's life that would be helpful for the teachers to know (recent move, death/loss, blended family)? |
| What previous school or group experiences has your child participated in?  |
| What are your hopes and dreams for your child's school experience this year?   |

**Thank you for sharing!**