



Family Information Form

Child Last Name: _____
Class: _____

Child First Name: _____

Basic Family Information

Parent Name: _____

Parent Name: _____

Relationship to Child: _____

Relationship to Child: _____

Marital Status:

Single _____ Married _____

Separated _____ Divorced _____

Sibling(s) Names and Ages (if applicable)

Occupation: _____

Occupation: _____

Do you have an occupation, hobby, or family tradition that you would be willing to share with our preschoolers?

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YES _____ NO _____

YES _____ NO _____

If yes, please explain:

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Which Elementary School will your child attend for kindergarten?

What is your family's religious preference (if any):

Would you like to know more about Church of the Saviour children, youth, adult, or music ministries?

YES _____ NO _____

Are you interested in being a room parent? Room parents help with organizing class parties and celebrations, coordinate volunteers if needed, and help share information regarding special events such as teacher luncheons and class gifts.

YES _____ NO _____

If yes, please specify name and best contact phone number

Child Last Name: _____

Child First Name: _____

Class: _____

Child Information

Please list any food restrictions, allergies, or health concerns below:

Has your child ever been hospitalized?

YES _____ NO _____

If yes, please explain.

What are your child's interests?

What motivates your child?

Do you have any behavior concerns about your child?

YES _____ NO _____

If yes, please explain.

Do you have any concerns about your child separating from you?

YES _____ NO _____

If yes, please explain.

Does your child have any anxieties we should know about?

YES _____ NO _____

If yes, please explain.

Has your child had any group experiences prior to enrollment in preschool?

YES _____ NO _____

If yes, please explain.

Please use the space below to list any additional information that would be helpful to us when working with your child.