



## Child/ Family Information Sheet

Child's Name (First, Middle, Last): \_\_\_\_\_

Child's Birthday (Month/Day/Year): \_\_\_\_\_

Child's Age: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Cell Phone Number: \_\_\_\_\_

List everyone who lives in your home:

Children(s) name and age

\_\_\_\_\_  
\_\_\_\_\_

Adult(s) name & relationship

\_\_\_\_\_  
\_\_\_\_\_

Father's Name (First, Last): \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Work Phone Number: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name (First, Last): \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Work Phone Number: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Child Resides with: Both Parents, Mother, Father, Other :

\_\_\_\_\_

Allergies (especially food) and/or Health/Medical Ailments,  
Medications taking:

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Is there anything you would like to share about your family history?(divorce, remarriage, recent move, new baby, separation, etc.) This may help us better understand your child and his/her needs.

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What special interests does your child have outside of school?

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Any other information you would like to share with us?

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