

(Print one form per child)

## 2023 - 2024 Family Information Sheet

**This form should be completed for each child & turned in to the teacher at Parent Night.**

You may choose to skip questions that you feel are too personal. *This information is our way of getting to know your child and to better plan for his/her needs while at Northbrook Preschool.*

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(First) (Last)

Parents Names \_\_\_\_\_  
(Mom's first name) (Dad's first name)

What name(s) does your child use when referring to his/her parents? \_\_\_\_\_ / \_\_\_\_\_

Are there siblings at home? \_\_\_\_\_ Names and ages \_\_\_\_\_

Primary language your child speaks and/or hears at home \_\_\_\_\_

Describe any pets you have: Type(s) \_\_\_\_\_ Name(s) \_\_\_\_\_

Who is your child's favorite playmate? (Name, age, and how often they play) \_\_\_\_\_

Describe any special comfort item your child may have: What? \_\_\_\_\_ Name? \_\_\_\_\_

What does your child say when he/she has to use the restroom? \_\_\_\_\_

Term for urination? \_\_\_\_\_ Term for bowel movement \_\_\_\_\_

What time does your child: *Go to bed?* \_\_\_\_\_ *Wake up?* \_\_\_\_\_ *Nap?* \_\_\_\_\_ (how long)

What is your child's favorite television program? \_\_\_\_\_

How much screen time does your child have a day? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Describe any jobs or chores that he/she does or helps to do? \_\_\_\_\_

Describe any particular fears your child may have \_\_\_\_\_

What hobbies, talents, skills, profession, or interests do you have that you might be willing to share with your child's class or with the school? \_\_\_\_\_

Is there additional information you would like share with us allowing a better understanding and ability to meet your child's needs? (i.e., child was adopted, expecting new baby, parents are separated, grandparent(s) live with family, nanny keeps children during day, special behavioral considerations, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_