



Cloverleaf Local Schools Integrated Preschool

Family Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Who lives at home with your child? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_

Are there any special family arrangements, such as shared parenting, custody specifications, etc.? Please provide necessary details that teachers must know. \_\_\_\_\_

Are there any changes or transitions that your child has recently experienced or is currently experiencing (ie: divorce, new home, new baby, death of family member, pet, etc.)? \_\_\_\_\_

Please list your child's favorite foods \_\_\_\_\_

Any foods they dislike \_\_\_\_\_

Any allergies or sensitivities to foods and reactions \_\_\_\_\_

Any personality or behavior characteristics that you would like teachers and staff to know \_\_\_\_\_

Is there anything that frightens your child or that would cause him/her to get angry or frustrated? \_\_\_\_\_

Is your child toilet trained? How does he/she communicate the need to use the restroom or be changed? \_\_\_\_\_

What are your expectations of this program and this school year? \_\_\_\_\_

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Any additional information that wasn't covered that you feel is important in getting to know your child

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Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_