



## Child & Family Information Form

Child's full name \_\_\_\_\_

Does your child have any nick names? If so, what are they? \_\_\_\_\_

Who is in the child's immediate family? \_\_\_\_\_

Does anyone else live in the home with your child/family? \_\_\_\_\_

What is the primary language spoken in the home? And does your family have any specific family or cultural practices in the home?  
\_\_\_\_\_

Does your child have any comfort items? \_\_\_\_\_

What are some of your child's favorite things to do? \_\_\_\_\_

Does your child have difficulties with any of the following? (please write Yes or No)

\_\_\_\_\_ Walking      \_\_\_\_\_ Talking      \_\_\_\_\_ Eating      \_\_\_\_\_ Toileting      \_\_\_\_\_ Separation      \_\_\_\_\_ Playing with others

If you answered "Yes" to any of the above, please explain: \_\_\_\_\_

Has your child had a previous child care experience (center based, in home, with family) or experience playing with other children? If yes, please describe:  
\_\_\_\_\_

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

How would you describe your child's personality? \_\_\_\_\_

By nature is your child: (check all that apply)      \_\_\_\_\_ Friendly      \_\_\_\_\_ Aggressive      \_\_\_\_\_ Shy      \_\_\_\_\_ Loving  
\_\_\_\_\_ Withdrawn      \_\_\_\_\_ Anxious      \_\_\_\_\_ Active      \_\_\_\_\_ Emotional      \_\_\_\_\_ Quiet      \_\_\_\_\_ Affectionate

Are there any specific routines or things that tend to comfort your child? Please explain  
\_\_\_\_\_

Are there things that frighten your child? If so how does he/she react? \_\_\_\_\_

Are there things that cause your child to feel angry or frustrated? \_\_\_\_\_

What might you and/or your child be anxious about as he/she starts this program? \_\_\_\_\_

What are you and/or your child excited about as you start this program? \_\_\_\_\_

What are your expectations as you start this program? \_\_\_\_\_

Is there any other information that you would like to let us know about your child? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this registration form along with a \$60.00 non-refundable registration fee to:**  
**First Years Preschool & Kindergarten Center      6900 Market Ave. Canton, OH 44721**  
**Attn: Shanana Geitgey**  
**Checks should be made to First Christian Church or FCC**