



# BEE MY BABY

Child Care Center & Preschool

## Family Information Sheet

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Nickname \_\_\_\_\_

Date your child will begin at the center: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe your child's personality:

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

List group experiences your child has participated in (Sunday School, Preschool, etc.)

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

What does your child enjoy watching on TV?

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

Other than siblings, does he/she have playmates?

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

How does your child get along with other playmates?

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

How does your child get along with other members of your family?

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

Which of the following most describes your child?

\_\_\_\_ Easily Managed      \_\_\_\_ Fairly Easy to Manage      \_\_\_\_ Difficult to Manage

What concerns do you presently have about your child?

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

How are these concerns dealt with?

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

Does your child prefer to play \_\_\_\_ alone      \_\_\_\_ with other children

Does your child have any imaginary playmates?

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

Describe your child's eating habits: \_\_\_\_ Small Eater      \_\_\_\_ Moderate Eater      \_\_\_\_ Substantial Eater

Family Status:

\_\_\_\_ Parents together      \_\_\_\_ Separated      \_\_\_\_ Divorced      \_\_\_\_ Widowed