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## Family and Child Information Form

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### **About your family:**

Tell me about your family.

What language(s) do you speak at home?

What are some activities your family enjoys doing together?

Is this your child's first early childhood program experience?

What is the best way for our program to exchange information with you about your child?

### **Favorite activities and special interests:**

What are some of your child's favorite activities?

Who does your child play with? How do they play together? What do they play together?

What is your child most interested in right now? How can you tell?

Does your child have favorite toys? How does your child play with them?

What books does your child like to read? Does your child read alone or with you?

What songs does your child know and like to sing?

**Arrival/Departure:**

What time will you usually arrive at the center?

What will help you and your child say good –bye to each other in the morning?

What time will you usually come to pick up your child?

What will help you and your child say hello to each other at the end of the day?

**Mealtime:**

Describe your child's mealtimes and how your child eats or is fed.

What are some of your child's favorite foods? What foods does your child dislike?

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any foods that you don't want your child to eat?

**Nap time/ resting**

Does your child nap during the day? If so, what helps your child fall asleep?

How long does your child usually sleep?

When does your child usually sleep?

If your child does not nap during the day, does your child have a rest time? What activities does your child usually do during this rest time?

**Other routines:**

Does your child use the toilet? If so, are there any special instructions for toileting? How does your child let you know they need to use the toilet?

If not, how often do you change your child's diaper? When does your child usually need a diaper change?

Is there anything special that we should know about dressing and undressing your child?

How much help does your child need with tooth brushing?

**Additional information:**

What else would you like us to know about your child and family?