

CENTRAL EARLY CHILDHOOD CENTER
CENTRAL UNITED METHODIST CHURCH

Family Information Form

It will be most helpful to your child's teacher to know as much as possible about his/her home background, social and emotional growth. Please complete this form in detail and return with your registration agreement.

This section MUST be <u>COMPLETELY</u> filled out.		Date _____
Girl ()	Boy ()	Date of Birth ____/____/____
Name of Child _____	Nickname _____	
Last	First	Middle
Street Address _____		
City _____	State _____	Zip _____
Home phone _____	Cell or Other Phone _____	
Email address _____		
Mother's Name _____	Father's Name _____	
Child lives with:	Both Parents	Mother
	Father	Other _____

Other children in family:

NAME _____	AGE _____
_____	AGE _____
_____	AGE _____

Church currently attending _____

1. How do you feel your child gets along with other children? _____
2. Has your child had any previous group experience: _____ Where? _____
3. Does your child have many playmates? _____ Circle appropriate responses:
Older Younger Same Age Same Sex Opposite Sex
4. What are some of your child's favorite activities and interests? _____
5. Does your child have regular responsibilities at home? _____ List: _____
6. How do you usually discipline your child? _____

7. How does your child react to discipline? _____

8. Is either parent gone for long periods of time? _____ Explain: _____

9. Is your child right handed? _____ Left Handed? _____

10. Is your child toilet trained? _____ Day _____ Night _____

11. Can your child:

Put on coats? Yes () No ()
Button his clothes? Yes () No ()
Put on boots? Yes () No ()

Fasten Zippers Yes () No ()
Tie Shoes Yes () No ()

12. Does your child have any special fears?

13. Does your child have any pets?

14. As you concerned with any of the following?

Temper tantrums Yes () No ()
Timidity Yes () No ()
Nervous habits Yes () No ()
Sleeping habits Yes () No ()

Fears Yes () No ()
Aggressiveness Yes () No ()
Reaction to authority Yes () No ()
Hearing problems Yes () No ()

15. What special help would you like your child to receive?

16. Describe your child briefly (physical appearance, personality, abilities).

17. How did you learn of our school? _____

18. Special food considerations? _____

19. Please list any allergies _____

Directors

Trina Taft, Maggie Holley
816-753-1844

Please return this form with your enrollment contract, enrollment fee, and first month's tuition to Central Early Childhood Center, 5144 Oak Street, Kansas City, Missouri, 64112.

Checks should be made payable to CECC.