Child's first name	Child's last name	Boy / Girl
	GENERAL INFORMATION	
Father's name		
	? Name and location	
Is father a member of a church?	Name and location	
Does your child attend Sunday S	School? If so, where?	
Is your child baptized?		
Names and ages of brothers/siste	ers:	
Does your child receive extensive	ve care by someone other than parents?	<u></u>
By whom?		
	ner children?	
What is your child's reaction to	adults?	
Is your child exceptionally shy o	or timid?	
Usually happy? Special	fears:	
	hild:	
	e?	
	ivity?	
CONTINUED ON BACK		
Parent signature	Date	

What helps reassure your child when s/he is upset?			
How would you describe your child's personality?			
Does your child enjoy being read to?			
Does your child like to sing?			
Does your child help in putting away belongings?			
Dress self? Nervous habits?	If yes, please describe:		
Disturbed sleep?	Frequent accidents?		
Completely toilet trained?			
Special medical problems or needs? (please list)			
Which hand is usually used?			
Allergies? (please list)	Any food allergies? (please list)		
Speech difficulties?			
Please add any comments that might further the understanding of your child and his/her background or special problems or concerns you would like us to be aware of:			
Parent contact information: home phone cell phone email address			
Parent signature	Date		