

ACCOTINK ACADEMY PRESCHOOL
FAMILY INFORMATION FORM

(Confidential - For Office Files Only)

We at Accotink Academy Preschool ask you to provide the following information so that we can get to know your child and family as quickly as possible, and so that we can understand your child and his/her needs. All information you provide will be kept strictly confidential and be used only as necessary in caring for your child.

Child's Full Name: _____	
Sex: _____	Age: _____ yr. _____ mo.
Birthdate: _____	Birthplace: _____
Home Address: _____	
Telephone Number: () _____ Religion: _____	

Mother's Full Name: _____	
Home Address: (If different than child's address) _____	
Home Phone Number: _____	Work Phone Number: _____
Marital Status: Single ___ Married ___ Separated ___ Divorced ___	
Employer: _____	Working Hours: _____
Employer's Address: _____	

Father's Full Name: _____	
Home Address (If different than child's) _____	
Home Phone Number: _____	Work Phone Number: _____
Marital Status: Single ___ Married ___ Separated ___ Divorced ___	
Employer: _____	Working Hours: _____
Employer's Address: _____	

Are the parents separated? Yes ___ No ___ Divorced? Yes ___ No ___ If so, when did the separation/ divorce occur? _____

Please describe custody arrangements _____

Please describe the child's relationship with the non-custodial parent: _____

Is your child adopted? Yes ___ No ___ If yes, does your child know? Yes ___ No ___

OVER

Members of the household where the child resides:

(Mark "*" beside those members of household who have a significant role in caring for the child.)

Name	Relationship To Child	Sex	Age

Other significant people who help care for the child (grandmother, neighbor, etc.)

Name	Relationship To Child

Family Pets: _____ Language(s) spoken at home: _____

Please name any previous schools/day care centers your child attended. _____

If child attends Accotink Academy Preschool and another school/program, give name of school/program. _____

Is your child receiving services from specialists such as speech, hearing, psychologist, etc.? Yes___No___ If yes, please explain in detail. _____

Does your child have any special needs? Yes___No___ If yes, please explain in detail. _____

Describe all physical conditions or illnesses which could affect the child's participation in Accotink Academy's programs or the proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.) _____

It is understood by all parties that student records will be kept confidential unless written permission is given by student's parent(s).

Signature of Parent(s) or Guardian who is

financially responsible for student.

Date: _____

Father or Guardian

Mother or Guardian

1/2011