



# Garcia Street Club

## Family Questionnaire

Dear Families,

Please help us to get to know your child and family. We look forward to forming a collaborative relationship that will ensure your child reaches their fullest potential. Thank you for sharing this information with us. Please return the completed form at your earliest convenience. Thank you.

### General Information

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Parent(s) and/or Cargiver(s) Names:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Please feel free to write on the back or attach additional sheets.

How many family members are living in your household and what are their names? Do you have family pets and if so, please list their names.

Does your child live full-time in one household or share homes with another family member?

Is there any information that you wish to share about your family's cultural background?

Is your child bilingual? What is the preferred language of your household?

What traditions do you commonly celebrate? Are you averse to particular traditions?

What are your child's favorite interests? Please list at least three.

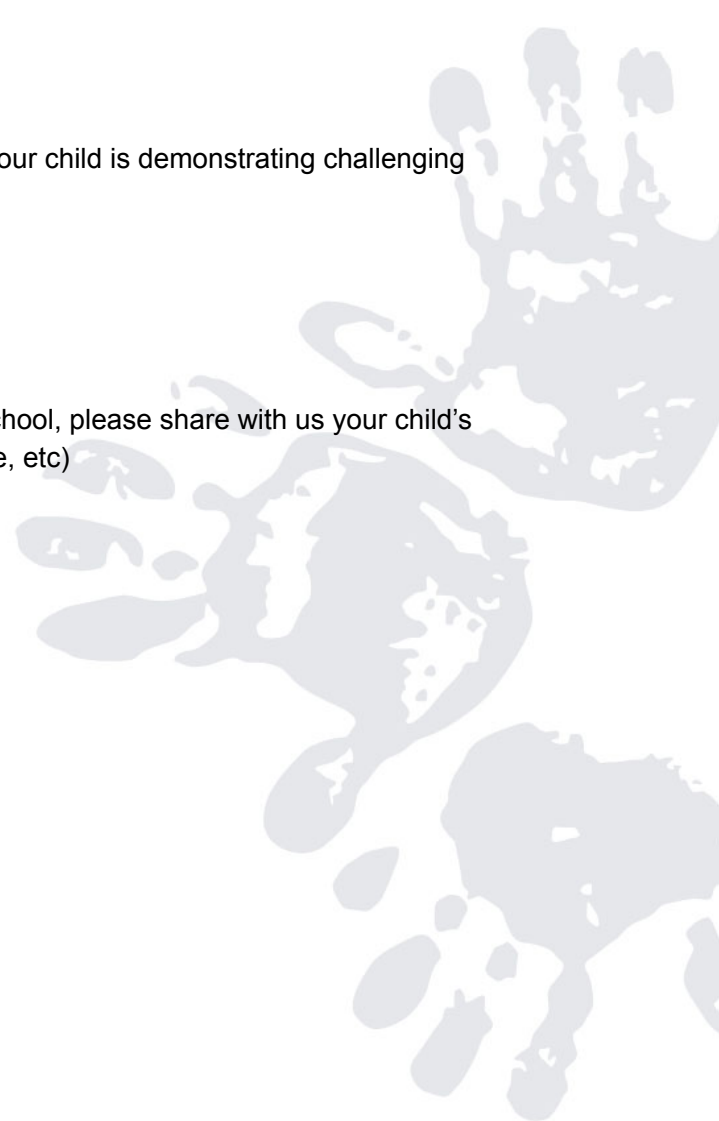
What are your child's most common fears or anxieties? Please list ways in which we could assist in comforting your child.

What disciplinary guidance techniques do you use when your child is demonstrating challenging behavior?

To best assist with transitioning your child from home to school, please share with us your child's daily routine. (I.e. Napping schedule, wake up and bedtime, etc)

What are your favorite activities to do as a family?

What are your child's strengths and positive attributes?



Please share any additional information about your child and your family that may be helpful in building a positive relationship between your family and our staff.

When receiving your child's daily report what are the most important details that you would like to hear about?

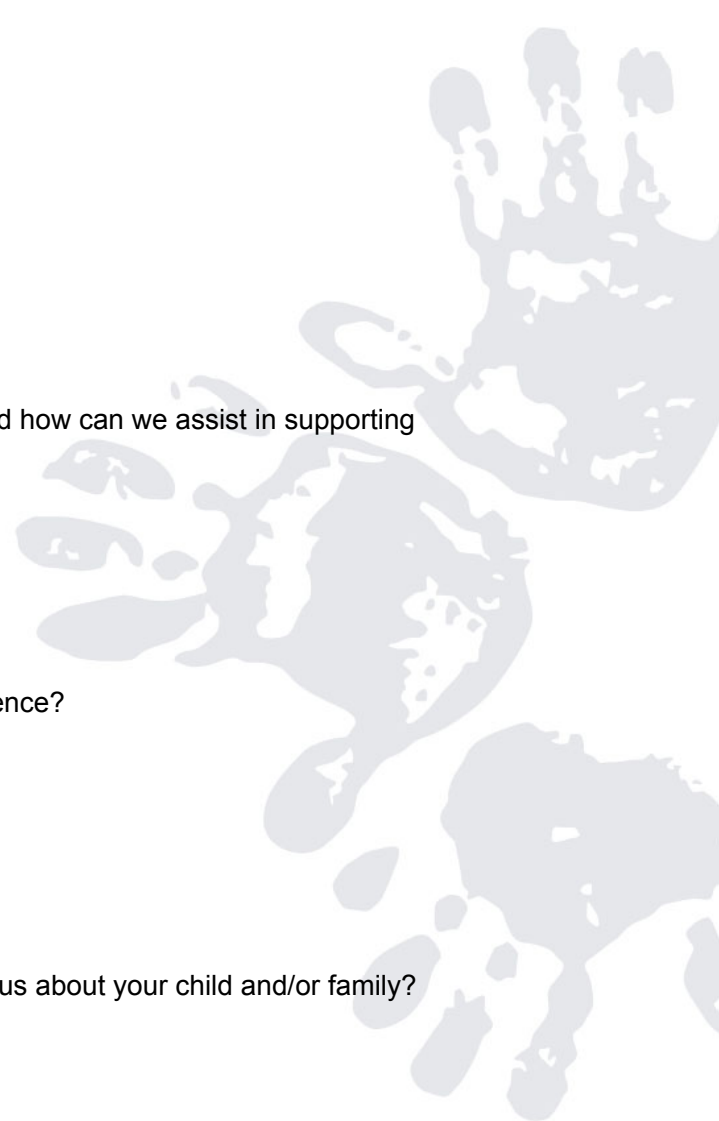
What expectations do you have of our program?

What goals do you have for your child this school year?

What goals are you working on at home with your child and how can we assist in supporting these goals?

Has your child had any other daycare or preschool experience?

Is there any additional information you'd like to share with us about your child and/or family?



## **For Toddlers Only**

Please help us understand your child's eating and drinking patterns and preferences.

Bottle? Breast? Cup? Cow's Milk? Warm or cold? How often?

How frequently does your child eat?

What are some of his or her favorite foods? Is she or he self-feeding finger foods?

Have you introduced peanut butter or other nut butters?

