

**Bright Days
Family Information Form
School Year _____**

Child's Name _____ Date of Birth _____

Address _____
Number Street City Zip

1. Parent's Name (or Guardian) _____ Age _____
Occupation or field of education _____ Currently employed? _____ Hrs. per week _____
Home Phone # _____ Business, cell, or pager #'s _____ email _____

2. Parent's Name (or Guardian) _____ Age _____
Occupation or field of education _____ Currently employed? _____ Hrs. per week _____
Home Phone # _____ Business, cell, or pager #'s _____ email _____

Language(s) spoken at home and by child's caregivers: _____

If divorced or separated, what are the custody/visitation arrangements? _____

Does child have any stepparents or stepsiblings? Please explain: _____

Is there anything we should know about how this situation affects your child? _____

Others in your child's household/s:

Name	Relationship	Birth date

Other significant persons in your child's life: (extended family members, step-families, babysitters, etc.)

Name	Relationship	Birth date

Have there been any births, deaths, adoptions, or other changes in the family structure, which have affected your child? If so, describe the event, how you explained this situation to your child, and the affect on your child.

What opportunities does your child have to play with other children?

Will your child be enrolled at another school/childcare setting during the same period of time he/she will be attending Bright Days? If yes, explain: _____

What are your child's favorite play activities? (indoor and outdoor) _____

How would you describe your child's personality? _____

What methods of discipline have you found most effective? _____

What fears does your child have? _____

What does your child enjoy doing with you, and her/his other parent? _____

How often, and with whom does your child watch TV? Which shows? _____

Does your child have allergies? _____ If so, to what substances? _____

How are the allergies manifested? _____

Is your child taking any regular medication? _____ If so, describe: _____

Describe your child's overall health: _____

Are there any physical or health needs that we should be aware of for proper care of your child?

Please explain briefly why you want your child to attend Bright Days, and why you feel that our developmental, play-based environment will benefit your child. _____

Please give any additional information about your child that you think might be important for us to have.

Are there any aspects of your culture that you would like to share with Bright Days? If so, what are they?
