



Flora Gee, Director
7600 Hanover Parkway, Suite 100
Greenbelt, MD 20770

www.greenbeltchildrenscenter.com
flora@greenbeltchildrenscenter.com
Phone: (301) 345-8830

Family Information Form

(Confidential)

Date: _____

We ask our families 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 confidential and used only as necessary for purposes of the Center.

Child's Full Name: _____ Sex: M / F Age: _____

Nickname: _____ Birth Date: _____ Birth Place: _____

Home Address: _____

Phone: (Home) _____ Email: _____

1st Parent/Guardian Full Name: _____

Home Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Occupation: _____ Employer: _____

Employer's Address: _____

Hours at Work: _____

2nd Parent/Guardian Full Name: _____

Home Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Occupation: _____ Employer: _____

Employer's Address: _____

Hours at Work: _____

Are the child's parents separated or divorced? _____

If so, when did the separation or divorce occur? _____

Describe custody arrangements: _____

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

Is the child adopted? _____ If yes, does the child know? _____

Members of the household where the child resides:

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

Name	Relationship to Child	Sex	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name	Relationship to Child
_____	_____
_____	_____

Family pets: _____

Previous care arrangements: _____

Other languages spoken at home: _____

HABITS

Sleep: Times and length of naps: _____

Other comments: _____

Eating: Favorite foods: _____

Foods child will not eat: _____

Food allergies: _____

Elimination: Is child toilet-trained? _____

Does child need adult assistance? _____

Other comments: _____

Speech/ Does child have any difficulties? _____

Language: Other comments: _____

Play: Does child prefer to play alone, with adults, or with other children?

Favorite toys: _____

Favorite books: _____

Will child share toys with others? _____

Discipline: Does child have temper tantrums? _____

Is child disciplined at home? _____

What helps child when child is upset? _____

Other comments: _____
