

FAMILY INFORMATION

We would like to know you and your child better. Please complete this information and return this form to the office.

DATE: _____

CHILD'S NAME: _____ DATE OF BIRTH _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE _____

EMAIL ADDRESS: _____

MOTHER'S NAME: _____

Mother's occupation: _____

FATHER'S NAME: _____

Father's occupation: _____

Marital status of parents: _____

With whom does the child live? _____

Names and ages of siblings: _____ Age: _____

_____ Age: _____

_____ Age: _____

How did you hear about the Children's Center? _____

What was your deciding factor in enrolling your child? _____

Do you attend church regularly? _____ Occasionally _____

If yes, where do you attend? _____