

# The Downtown Little School

15 Dutch Street, New York NY 10038 | 212.791.1300 | downtownlittleschool.org

## Family Information Form 23/24

Child's Name \_\_\_\_\_ Name Usually Called \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Name your child calls you: \_\_\_\_\_ Name your child calls you: \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

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Please list sibling names, ages, and schools: \_\_\_\_\_  
\_\_\_\_\_

Please list any other members of household, including pets: \_\_\_\_\_

Does either parent travel for work or other reasons? Please note which parent and how often: \_\_\_\_\_

Please list any regular caregivers, including names and relationship to your child. Also please note if your child has a special name for any caregivers: \_\_\_\_\_  
\_\_\_\_\_

Is English your child's first language? \_\_\_\_ Are other languages spoken at home by a family member or caregiver (please specify)? \_\_\_\_\_

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Is your child toilet trained? \_\_\_\_ What are your child's bathroom words? \_\_\_\_\_

Does your child fall asleep easily? \_\_\_\_ Sleep through the night? \_\_\_\_\_

Typical Sleep Hours: Nap \_\_\_\_\_ to \_\_\_\_\_ Nighttime \_\_\_\_\_ to \_\_\_\_\_

Please describe any security object (e.g. stuffed toy, blanket): \_\_\_\_\_

Does your child still nurse, use a bottle or a pacifier (please specify): \_\_\_\_\_

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What are some adjectives you might use to describe your child? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

Does your child have any particular fears that you think we should know about? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you feel would be helpful for the school to know about your child?

\_\_\_\_\_

\_\_\_\_\_

What benefits do you hope your child will get from school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We want to build strong connections between home and school. Is there anything else about your child or your family that is important for the teachers to know? (e.g. separation/divorce, adoption, family illness, recent move) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Special Education Evaluation/Services

Has your child been evaluated for special needs? \_\_\_\_\_ Please list any special education or Early Intervention services your child is currently receiving or has received, eg. Speech/Language, Occupational Therapy, Physical Therapy, etc.:

\_\_\_\_\_