

# Family Questionnaire

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

Birthday \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

My child lives with: \_\_\_\_\_

Please Check: I have full custody of my child. \_\_\_\_\_

I have joint custody of my child. \_\_\_\_\_

If you have joint custody, please let me know the custody schedule.

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Other children, family members, friends or roommates that live with your family.

Please include age and relationship. Ex: Mary (Sister, 2), John (uncle, 40).

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People who play an important role in your child's life outside of your immediate family. Ex: Aunt Beth, Grandpa Joe, Lucy (child's best friend).

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School or childcare previously attended:

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Any other care providers or programs (current):

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Does your child have any food allergies or restrictions by choice:

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