

Blessed Trinity Catholic Preschool

Family Data Sheet

Child's Name _____
(Last) (First) (Middle)

Address _____
(City) (Zip)

List any brothers and sisters and their ages.

Do you have any pets? _____

Name of pet _____

Does this child live with: Both parents _____ Father _____ Mother _____ Other _____

Are there any other adults that play an important part in you child's life? _____

What language is spoken at home? _____

What kinds of activities does your child enjoy most?

Alone _____

With other children _____

With your family _____

How does your child resolve conflict with other children? _____

Does your child participate in imaginative play with other children? _____

What types of discipline do you find most effective with your child? _____

What type of group experience, such as Sunday school, play group. etc. has your child experienced? _____

Please relate pertinent information or share your concerns about your child in the space below _____
