**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?