



# God's Garden Preschool

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## FAMILY RECORD

*The personal information in this record is confidential and will only be shared with the child's teacher and/or director(s).*

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
                    First                      Middle                      Last

Parent Names: \_\_\_\_\_

Child lives with:            Mother \_\_\_\_\_            Father \_\_\_\_\_            Both \_\_\_\_\_

Child's brother's name(s): \_\_\_\_\_

Ages: \_\_\_\_\_

Child's sister's name(s): \_\_\_\_\_

Ages: \_\_\_\_\_

Does your child attend another school or is he/she taken care of by another individual other parents?

If so, where or who? \_\_\_\_\_

Does your child have his own bedroom? \_\_\_\_\_

If "no" who shares? \_\_\_\_\_

Does your child sleep through the night? How many hours? \_\_\_\_\_

What is your child's bedtime? Wake up time? \_\_\_\_\_

Does your child nap? What time is nap (typically)? \_\_\_\_\_

Normally, how long is the nap? \_\_\_\_\_

What is your child's typical routine for naptime? \_\_\_\_\_

\_\_\_\_\_

Do you do anything to help your child fall asleep? \_\_\_\_\_

\_\_\_\_\_

Does your child sleep with a comfort item? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ If "no", has it been started? \_\_\_\_\_

Any special words used by the child to express the need to go potty?

\_\_\_\_\_

Does your child have any special fears? If so, please list:

\_\_\_\_\_

Does your child have any special needs? If so, please list:

\_\_\_\_\_

Describe your child's appetite.

\_\_\_\_\_

Please list any special feeding instructions: \_\_\_\_\_

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Favorite snacks are:

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What are your child's dominant play interests?

Indoors: \_\_\_\_\_

Outdoors: \_\_\_\_\_

Does your child watch TV? \_\_\_\_\_

What limits do you place on that viewing? (time and programming) \_\_\_\_\_

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Favorite shows:

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Do you read to your child regularly?

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How does your child customarily react when separating from you?

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Two family rules we have are:

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When our child does not do what we expect of him/her, we usually (circle all that apply):

time out      spank      take away privileges      talk about it

other (please explain): \_\_\_\_\_

When your child does not get his/her way, he/she will (circle all that apply):

cry      pout      withdraw      tantrum act aggressively      talk about it

If adopted, what age was your child adopted? \_\_\_\_\_

Please circle responses: yes/no

There has been a divorce in our family.

My child has contact with the non-custodial parent  
\_\_\_\_\_ times per month.

yes/no

There are restrictions with the non-custodial parent  
of which the school should be aware.

List: \_\_\_\_\_

yes/no

We have recently moved from  
\_\_\_\_\_

yes/no

Our family includes a pet(s). Names/type:  
\_\_\_\_\_

yes/no

Our family speaks English at home.  
If another language is spoken, please list:  
\_\_\_\_\_