



FAMILY / SOCIAL HISTORY INFORMATION

Please Print Clearly

List of Food Allergies or Food Restrictions: List of Health Issues: Language Spoken at Home: 1st Language: 2nd Language: 2nd Language: Child's Dominant Hand Is: Right Hand Left Hand Both Child's Personalities: My child needs help in: Toilet Un/Dressing Eating Other List: Do you have Any Special Concerns Regarding Your Child? Father's Age: Mother's Age: Occupation: Church Preference: Church Preference: Marital Status: Married/ Living Together: Separated: Divorced: Other: List of Siblings: Brother(s): No Yes (Age): Sister(s): No Yes (Age): Mode of Mary Mode of Mary Mary Mode of Mary Mary Mary Mary Mary Mary Mary Mary	Child Name:					
Child's Personalities: My child needs help in: Toilet						
Other List:	Child's Dominant Hand is: Right Hand		Left Hand		Both	
Father's Age:	_			_	Eating	
Occupation:	Do you have An	y Special Concerns Regar	ding Your Ch	nild?		
Church Preference: Church Preference: Other: Separated: Divorced: Other: List of Siblings: Brother(s): No Yes (Age): Sister(s): No Yes (Age): How did you hear about Sonshine Pre-school? Has your child had group play experiences? Yes Where: No If yes, List the names of Daycare Centers: What are the reasons for transferring your child to Sonshine Pre-school? Home Address: Street City Zip						
Marital Status: Married/ Living Together: Separated: Divorced: Other: List of Siblings: Brother(s): No Yes (Age): Sister(s): No Yes (Age): How did you hear about Sonshine Pre-school? Has your child had group play experiences? Yes Where: No Is your child been attending other daycare center(s) prior to registering at Sonshine? Yes No If yes, List the names of Daycare Centers: What are the reasons for transferring your child to Sonshine Pre-school? Home Address: Street City Zip	Occupation: _		Oc	cupation:		
List of Siblings: Brother(s): No Yes	Church Preference: Church Preference:					
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