



Family Biographical Form

The staff at SOL are dedicated to ensuring that your child's needs are served to fullest of our abilities. We would appreciate you taking the time to share your Please help us get to know your child, as well as, your needs and expectations from our program by completing the following questionnaire.

Child's Name	
#1 Parent/Guardian Name	
#2 Parent/Guardian Name	

Does your child have a nickname that is currently being used?

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Please describe some of your child's favorite activities...

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Please describe some activities that your child does not enjoy...

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What are your child's favorite foods?

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What are your child's least favorite foods?

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Has your child been in a social setting before (Childcare, Preschool, or Pre-K)?

Does your child have any allergies or other special needs that the staff of SOL should be aware of?

What additional information should SOL be aware of if your child becomes in contact with these items?

Please describe your child's temperament?

At SOL we have diverse family structures represented in our program. Please describe your family to us...

Have you had any recent family changes (new baby, divorce, death in the family)?

What are your cultural traditions?



Do you speak any additional languages or do you have an additional home language outside of English?

What expectations do you have of the program?

Are there an additional services or resources that you need (medical, dental, housing, parenting classes)?

How would like to participate in SOL community?

<input type="checkbox"/>	Fundraisers
<input type="checkbox"/>	BeautiXication
<input type="checkbox"/>	Events
<input type="checkbox"/>	Technology
<input type="checkbox"/>	Literacy
<input type="checkbox"/>	Social Networking
<input type="checkbox"/>	Field Trips
<input type="checkbox"/>	Provider Appreciation
<input type="checkbox"/>	Grants
<input type="checkbox"/>	Community Partnerships