



**Kehillat Israel
Early Childhood Center**

Family & Social History

Child's Full Name _____ Birthdate _____

Nickname (if any) _____ Telephone _____

Father's Name _____ Age _____ Occupation _____

Mother's Name _____ Age _____ Occupation _____

PARENTING STATUS: (please check all that apply)

Married
Not Married

Living Together
Domestic Partners

Separated
Divorced

Other _____

If not living together, is custody shared? Yes No

Visitation in home? Yes No Outside of home? Yes No

How often? _____

How long has this arrangement been in effect? _____

Any other information that will be beneficial to us caring for your child?

SIBLINGS:

Name	Age	Living at home
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER MEMBERS OF HOUSEHOLD: (Please include caregivers)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

Does your child have a room alone? _____

If no, with whom does he or she share? _____

Is more than one language spoken to your child? _____

If so, what language(s)? _____

What is your mode of discipline? _____

Have there been serious changes in your child's life in the past year? (i.e., moving, illness, death, traumatic experience, new household members, etc.)

Signature of Parent/Domestic Partner/Guardian

Date