



# LITTLE RED APPLE LEARNING CENTER

8539 Kennedy Boulevard  
North Bergen, NJ 07047

## CHILD PERSONAL INFORMATION QUESTIONNAIRE

### WELCOME TO OUR SCHOOL

Please answer all questions completely and clearly. The information will help us develop a positive relationship with your child.

### IDENTIFYING DATA: (Please print)

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_ Age of child \_\_\_\_\_

Place of birth \_\_\_\_\_

### FAMILY DATA:

Description of family unit: Two parents, one parent, legal guardian, foster parent, or other (circle one)

Father's/Spouse's name (whether in home or not) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Mother's/Spouse's name \_\_\_\_\_

Address (if different from father's/spouse's) \_\_\_\_\_

Telephone number (if different from father's/spouse's) \_\_\_\_\_

MARITAL STATUS OF PARENTS: (Circle all that apply)

Married: Living together/ Living apart

Unmarried: Living together/Living apart

Separated/Divorced

Custody/Visiting arrangements: \_\_\_\_\_

EMPLOYMENT:

Mother's/Guardian's/Spouse's Employer \_\_\_\_\_

Business address \_\_\_\_\_

Telephone number \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Schedule (in terms of hours) \_\_\_\_\_

Father's/Guardian's/Spouse's Employer \_\_\_\_\_

Business address \_\_\_\_\_

Telephone number \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Schedule (in terms of hours) \_\_\_\_\_

BACKGROUND INFORMATION:

Mother's/Guardian's/Spouse's age \_\_\_\_\_

Place of birth \_\_\_\_\_

Highest level of education attained \_\_\_\_\_

Years in the United States (if foreign born) \_\_\_\_\_

Father's/Guardian's/Spouse's age \_\_\_\_\_

Place of birth \_\_\_\_\_

Highest level of education attained \_\_\_\_\_

Years in the United States (if foreign born) \_\_\_\_\_

FAMILY:

Please list other siblings/children in the household (use last name if different from child)

NAME,	AGES	SCHOOL	GRADE
1.			
2.			
3.			
4.			

Other adult's in the household:

First Name	Last Name	Age	Relationship to child
1.			
2.			
3.			
4.			

BEHAVIORAL CHARACTERISTICS:

How would you describe your child's role in the family?

Has there been any major change in the family such as divorce, separation, death, recent move, hospitalization, illness, etc.? If yes, explain and give dates.

How would you describe your child's personality?

Does your child have any particular habits or mannerisms or nervous habits, such as nail biting, etc.? No/Yes (describe)

Does your child have any particular fears or insecurities? No/Yes (describe)

Does your child speak any languages other than English? \_\_\_\_\_

List the T.V. programs that your child watches: \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

Book? \_\_\_\_\_

Person? \_\_\_\_\_

Pet? \_\_\_\_\_

Holding object? \_\_\_\_\_

Does your child have any particular habits or mannerisms such as: thumb sucking, nail biting, etc.? No/Yes (describe) \_\_\_\_\_

Does your child have any particular fears or insecurities? No/Yes (describe)  
\_\_\_\_\_

Does your child have nightmares? No/Yes (describe)  
\_\_\_\_\_

What word does your child use for a bowel movement? \_\_\_\_\_  
For urination? \_\_\_\_\_

What other peculiar words/expressions do your child use that may not be immediately understood? \_\_\_\_\_  
\_\_\_\_\_

Overall, how do you think that your child will react to anxiety or a stressful situation  
\_\_\_\_\_  
\_\_\_\_\_

Will they cry, withdraw, throw temper tantrums, etc.?  
\_\_\_\_\_

Has your child had any previous school or group-play experiences? \_\_\_\_\_  
\_\_\_\_\_

Does your child have neighborhood playmate(s)? \_\_\_\_\_  
\_\_\_\_\_

Does your child prefer to play alone, with playmates, siblings, adults, etc.?  
\_\_\_\_\_

Does your child have any learning disability(ies) or behavioral problems?  
No/Yes (explain) \_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical handicaps or limitations? \_\_\_\_\_

Emotional disturbances? No/Yes (describe) \_\_\_\_\_

Physical handicaps? No/Yes (describe) \_\_\_\_\_

Are there any significant circumstances regarding your child's physical or emotional status that we should be made aware of? No/Yes (describe)  
\_\_\_\_\_  
\_\_\_\_\_