

East Union Early Childhood Center Family Survey

Child's name: _____ Date of birth: _____
(First) (Middle) (Last)

Date of School entrance: _____

Person completing survey: ___ Mother ___ Father ___ Grandparent
___ Guardian ___ Other

Who lives in your household?

| Name | Age | Relationship to child |
|-------|-------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

What language is spoken in your home? If more than one language list all the languages.

Where was your child born?

Were there any complications with the pregnancy?

Did you carry to full term(9 months)?

Was your child born premature?

What country or countries are most important to your family's cultural background?

What does your preschooler call his mother/guardian?

What does your preschooler call his father/guardian?

What name do you use for your child? _____ If you would like us to call your child a different name, please specify: _____

Please list any schooling your child attended before coming to our program:

List foods you child likes to eat?

List foods your child does NOT like to eat?

Does your child enjoy looking at books?

Do you have children's books available in your home in your child's language?

Does your family have religious beliefs?

Are there holidays that your family does not celebrate?