

ROCKPORT EARLY CHILDHOOD CENTER



“Because we honor families, we weave a fine fabric of security and acceptance for the children in our care.”

FAMILY BACKGROUND QUESTIONNAIRE

Date _____

Family Name: _____ Child's Full Name: _____

Child's Nickname: _____ Birthdate: ___/___/___

Parent/Guardian's Name: _____ Occupation: _____

Parent/Guardian's Name: _____ Occupation: _____

Family:

Who is authorized to pick up your child from Rockport?

Who are the significant other people in your child's life?

Members of your household: (please list number of each)

Brothers: _____ Sisters: _____ Grandparents: _____ Others: _____

Status:

Are you married? _____ Divorced? _____ Partners? _____

If divorced, can both parents pick up? _____ Is there a visitation schedule? _____

What is the schedule? _____

If you child becomes ill or there is an emergency, who should be contacted?

Additional Comments:
