



**FAMILY INFORMATION SHEET**

COUNTY NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

CHILD'S GENDER:  MALE  FEMALE

CHILD'S RACE (check all that apply):

CHILD'S BIRTH DATE: \_\_\_\_\_  
MONTH DAY YEAR

- American Indian/Alaskan Native
- Asian
- Black/African American
- White
- Hawaiian/Other Pacific Islander

CHILD'S SSN: \_\_\_\_\_

HOME ADDRESS:

STREET ADDRESS APT #

Is the child Hispanic or Latino?  Yes  No

CITY STATE ZIP CODE

PARENT/GUARDIAN NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

RELATIONSHIP TO CHILD (mother, father, grandparent, other):  
\_\_\_\_\_

PARENT/GUARDIAN'S RACE (check all that apply):

HOME PHONE NUMBER: \_\_\_\_\_

- American Indian/Alaskan Native
- Asian
- Black/African American
- White
- Hawaiian/Other Pacific Islander

ALTERNATE PHONE NUMBER: \_\_\_\_\_

PARENT/GUARDIAN'S BIRTHDATE: \_\_\_\_\_  
MM DD YYYY

PARENT/GUARDIAN'S GENDER:  MALE  FEMALE

Is the parent/guardian Hispanic or Latino?  Yes  No

ELEMENTARY SCHOOL THE CHILD WILL BE ATTENDING: \_\_\_\_\_

*TO BE COMPLETED BY THE HOME VISITOR:*

CHILD'S COUNTDOWN TO KINDERGARTEN HOME VISITOR: \_\_\_\_\_

CHILD'S KINDERGARTEN TEACHER: \_\_\_\_\_

NUMBER OF VISITS COMPLETED WITH THIS FAMILY (including final classroom visit): \_\_\_\_\_