



**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):

American Indian/Alaskan Native

Asian

Black/African American

White

Hawaiian/Other Pacific Islander

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

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): \_\_\_\_\_