




Family Portrait

<p>Parent Name(s): _____</p> <p>Child Name: _____</p> <p>Date: _____ Center: _____</p>		<p>_____ Interviewing Staff</p> <p>_____ Parent Signature</p>
<p>What activities does your family like to do together?</p>	<p>What are your family rules?</p>	<p>How does your child learn best?</p> <p>Auditory (listening/hearing)</p> <p>Visual (seeing/watching)</p> <p>Kinesthetic (moving/touching)</p>
<p>Who are the important people (and pets) in your child's life?</p>	<p>What ways would you like to be involved in your child's education?</p>	<p>What type of music does your family listen too? What are some favorite books?</p>
<p>What are the three most important things you would like me to know about your family?</p>	<p>What do you hope your child learns in our program?</p>	<p>What foods does your family enjoy?</p>