Family Portrait

Parent Name(s): Child Name: Date: Center:		Interviewing Staff Parent Signature
What activities does your family like to do together?	What are your family rules?	What are the three most important things you would like me to know about your family?
Mother/Mother Figure Involvement What ways would you like to be involved in your child's education?	What type of music does your family listen to?	Father/Father Figure Involvement What ways would you like to be involved in your child's education?
What are some activities you enjoy?	What are some of your families' favorite books to read together?	What are some activities you enjoy?

Who are the important people child's life?		What do you hope your che program?		What fo	ods does your child enjoy?		
What helps your child w Sad?	hen he/she is:	Angry?		Scared?			
What activities does your child enjoy:							
Blocks/legos	Sand box	Cutting/gluing	Baby dolls	1	Pretend cooking		
Books	Outside play	Dress-up	Coloring	\	Water table		
Cars/trains	Painting	Play-doh	Riding toys	P	Puzzles		