



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER GRAND RAPIDS

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PARENT & FAMILY INFORMATION FORM

One per child - Please print. All information will be kept confidential.

Child's Name _____

Child's Birth Date _____

Parents' Name _____

Home Phone _____ Work Phone _____

Address _____

Previous Address _____

How long at previous address?: _____

Alternate Contact Person/Phone _____

Family Data

Education level achieved: _____ Mother _____ Father _____ Siblings

Marital status of parent(s): Married Single Divorced Widowed Separated

Student resides with: Both Parents Mother Only Relative
 Father Only Mother/Stepfather Foster Home
 Father/Stepmother Guardian Court Placed

Other siblings in residence:

Name _____ Age _____ natural sibling step sibling
Name _____ Age _____ natural sibling step sibling
Name _____ Age _____ natural sibling step sibling
Name _____ Age _____ natural sibling step sibling
Name _____ Age _____ natural sibling step sibling
Name _____ Age _____ natural sibling step sibling
Name _____ Age _____ natural sibling step sibling

List all persons living in the household other than siblings:

Name	Relationship	Birth Date	Last Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any brothers, sisters, or parents ever had any school services such as: PPI Speech, or Physical Therapy, Teacher Consultant, etc? _____ Yes _____ No

If yes, please explain: _____

Any chronic illness of parent or sibling? _____ Yes _____ No

If yes, please explain: _____

Ethnic Background

____ Caucasian (white) ____ African American ____ Hispanic ____ American Indian

____ Asian/Pacific Islander ____ Alaska Native ____ Other _____

Primary Language Spoken in Home

____ English ____ Spanish ____ Vietnamese ____ Other _____

Parents' Employment History

Mother: Present Employer _____ Phone _____

Length of Employment _____ Work Hours _____

Previous Employer _____ Length of Employment _____

Has either parent been a client of the Family Independence Agency (FIA) of Health Department

(WIC, etc.)? Yes No If yes, please explain: _____

Child's Health and Developmental Data

Birth Weight _____ lbs. _____ oz. Did your child have a normal birth? _____

If no, please explain, _____

Has your child had any special growth and/or developmental problems in the infant years? Yes No

If yes, please explain: _____

Physical Handicaps? Yes No Explain: _____

Does your child show good coordination? _____

Does your child have a history of long term chronic illness (ear infections, tubes in ears, asthma, etc.)? _____

Has your child ever been hospitalized? Yes No Explain: _____

In your opinion, is your child healthy? _____

Any special nutritional needs or deficiency? _____

Has your child ever been referred for testing? Yes No

If yes, what type of testing? _____

What were the results? _____

Please list any persons who may have access to your child's medical and assessment records held at the center, as described in our parent handbook confidentiality clause. _____

Has your child ever attended preschool? Yes No

At what school will your child attend Kindergarten? _____

Is there anything you can tell us about your child that would be helpful (for example: language deficiency, behavior concerns, etc.)? _____

Are there any family circumstances what would be helpful to know? _____

If single, divorced, or remarried, what are the custody or visitation arrangements? _____

Why do you think your child would benefit from this program? _____

What factors do you think would make your child eligible for this program? _____

Are there any court orders prohibiting anyone from visiting and/or picking up your child? Please explain. We will need to be provided with a court order for our files. _____

Parent's Signature

Date