



Precious Time Family Information Form

Personal Information

First Name (child): Last Name (child):

Date of Birth: Gender: Race/Ethnicity:

Name of Parents or Guardians (Adults providing care for the child in the home):

Names of any siblings in the home:

Languages other than English spoken at home:

Street Address City Zip Code

Primary Phone Number: Cell Home

Secondary Phone Number: Cell Home

Email address:

Primary contact person: Best way to contact you:

Any special instructions to get to your home (not found on GPS, etc.):

Availability

	Mornings	Afternoons	Evenings
Mondays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Information

Child's Primary Disabilities/Special Health Care Needs/Diagnoses/Health Problems:

Does your child have any dietary/feeding needs (ex. g-tube, soft food only, etc.)?

Allergies (if any):

Does your child have asthma or breathing difficulties?

Does your child have seizures? (if yes, describe seizure activity and care needed)

Does your child have any communication needs that we need to be aware of?

Does your child have any mobility needs?

Other Information

What interests does your child have? How can students best engage with them?

Do you have any pets in the home?

Has your child had a history of elopement or being a flight risk?

Is there anything else we need to know about your child or family?