

# The Family Picture

The “Family Picture” is our program’s way of getting to know your home culture, so our classroom’s routines and environments can better respect and reflect the individual families. Please fill out the information that is relevant to your family and that you feel comfortable sharing with your child’s teachers. Thank you; we value our partnership with you in caring for your child.

## **Family Structure and Home Culture:**

1. Who lives with your child? (Name, Relationship, Age, Occupation/Field of Study, Country of Origin)

2. What name do you use for your child?

First Name:

Last Name:

3. How did you decide to give your child this name? Does this name have a particular meaning or translation?

4. Are there any family, friends and/or relatives who are important in your child’s life? If so, who are they?

5. Who does your child play with outside of the center?

6. Is your child adopted? Yes No If yes, at what age?

Is there any information you need us to know about your adoption process?

7. Who else has cared for your child? Is this your child's first group care experience?

8. What do you call the type of residence in which you live? (i.e. house, apartment, duplex, etc.)

9. What is your family's ethnic or cultural background(s)? How do you identify yourself?

10. What languages are spoken in your home?

11. How comfortable are you at speaking and reading English?

12. Does your child speak or understand English?

13. What do you want us to know about your family's religion or faith practices that would directly relate to our care of your child?

14. What kinds of things or events does your family celebrate? (At CCCC we respect the diversity of our families and the celebrations they may or may not celebrate. Please let us know of any celebrations your family does not participate in, so we can continue to create a welcoming and inclusive community.)

15. How can we validate and support your family here at the center?
16. Is there anything else you would like to tell us about your family?

**Parenting:**

17. Describe your family's eating routines.

18. What kinds of foods do you eat at home?

19. Does your child sleep alone or with others?

20. How do you help your child to sleep?

Please complete the following sentences:

22. When my child is with a group of children, I would expect my child to...

23. When my child needs help from an adult, I would expect my child to...

24. If my child is misbehaving in class, I would expect a teacher to...

25. If my child is unhappy in class, I would expect a teacher to.....

26. What are your beliefs about health care?

27. What ways do you treat illness?

28. Does your child have any special needs or disabilities? If yes, please explain. Does your child have an Individualized Education Plan (IEP) or an Individual Family Service Plan (IFSP)? If yes, please provide a copy.

29. Has your child experienced any serious illness, disease, hospitalization or other serious health concerns you would like us to be aware of?

30. What arrangements have you made for care if your child becomes ill at CCCC? Are you always reachable during the day or have you made other arrangements in case of illness or emergency?

31. Is there anything else you would like to share with us?