

# KidsGift

A Touch of A Better Life for Kids

A child development project of

*Asians to the World*

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Project Name \_\_\_\_\_ Province: \_\_\_\_\_ Country \_\_\_\_\_ Date Completed \_\_\_\_\_

## CHILD FAMILY RECORD

### INFORMATION ABOUT THE CHILD

1. Child's Full Name: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_
2. Health Problems, if any: \_\_\_\_\_
3. Attends School: \_\_\_\_\_ Yes \_\_\_\_\_ No (specify) \_\_\_\_\_
4. Favorite School Subject s: \_\_\_\_\_  
Favorite Pastimes: \_\_\_\_\_  
Chores at Home: \_\_\_\_\_  
Talents or Hobbies: \_\_\_\_\_  
Languages/Dialects Spoken: \_\_\_\_\_

### INFORMATION ABOUT THE CHILD'S FAMILY

5. Approximate monthly income of the family (in Pesos): \_\_\_\_\_
6. Name of Father: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(If not present, why?): \_\_\_\_\_
7. Name of Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(If not present, why?): \_\_\_\_\_
8. Brothers and Sisters:  
Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
9. Child lives with: \_\_\_\_\_

### INFORMATION ABOUT THE CHILD'S HOME

10. Description of Home: \_\_\_\_\_  
Construction: Walls \_\_\_\_\_ Roof: \_\_\_\_\_ Floor: \_\_\_\_\_ Child Sleeps On: \_\_\_\_\_  
Cooking Facilities \_\_\_\_\_
11. Facilities & Services  
Water Source: \_\_\_\_\_ Electricity: \_\_\_\_\_ Sanitary Facility: \_\_\_\_\_

**NOTE:** ( Pls. don't leave anything blank if not applicable write N/A )