

Children in the Home (Rev 05-22)

Family Name:	
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Indicate: page _____ of ____

Creating a legacy of thriving families from the adoption plan to child's independence

CHILDREN IN THE HOME

Please fill out information for each child that is a part of your family, regardless of age and whether they reside in the home currently. Complete as many pages as needed for the children in your family.

Child's Full Name:	Date of Birth:	Age:
Location of Birth (city, state, country):	G	Grade in School:
Name of School Attending:		
Favorite subject in school:		
Extracurricular Activities:		
Hobbies/Interests:		
Parent's perception of strength of child:		
Parent's perception of weakness of child:		
Parent's goal for child:		
Any diagnoses (medical or mental health):		
How did the child join the family? \Box Biological \Box	Adopted	
If adopted, from	(Country) in	(year)
Child's Full Name:	Data of Pirth	Λσο.
Child's Full Name:	Data of Pirth	A ~ ~ .
Location of Birth (city, state, country):	6	Grade in School:
Location of Birth (city, state, country): Name of School Attending:	e	Grade in School:
Location of Birth (city, state, country): Name of School Attending: Favorite subject in school:	6	Grade in School:
Location of Birth (city, state, country): Name of School Attending: Favorite subject in school: Extracurricular Activities:	6	Grade in School:
Location of Birth (city, state, country): Name of School Attending: Favorite subject in school: Extracurricular Activities: Hobbies/Interests:	6	Grade in School:
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