



STUDENT INFORMATION FORM

DATE (MM/YY) THIS FORM COMPLETED: _____

Please provide the following information as openly and completely as possible, so that we may better know and understand your child. We are looking forward to a rewarding year in preschool. Thank you!

Child's Name _____ Sex _____ Birthdate _____

Nickname if you would like it used on bags, cubby, etc. _____

Address where child resides _____
(Street) (City) (Zip Code)

Child resides with (circle) BOTH PARENTS MOTHER FATHER GUARDIAN

Mother:

Name: _____ Home phone: _____

Cell Phone: _____ Email address: _____

Occupation: _____

Workplace name: _____ Work number: _____

Address: _____

Religion: _____ Place of Worship: _____

Father:

Name: _____

Cell Phone: _____ Email address: _____

Occupation: _____

Workplace name: _____ Work number: _____

Address: _____

Religion: _____ Place of Worship: _____

Other adults living with the family or who share child rearing: _____

Siblings (names and ages): _____

Does your child have any dietary restrictions for religious or other reasons? Please list if applicable.

What family activities does your child enjoy? _____

Is your child enrolled in an group (art, dance, etc.) _____

Does your child have his/her own room? _____

How much time does your child play outdoors each day? _____

What are the ages and sexes of his/her playmates? _____

Do you have a pet (name and kind)? _____

List your child's favorite play activities: _____

Please give all the information you can on the following:

Toilet habits: _____

Sleep and nap habits: _____

Any special fears: _____

Allergies: _____

What special illness, if any, has your child had? _____

Describe any physical handicaps: _____

Do you have any concerns about your child's speech, hearing, or vision? _____

Does your child speak English at home? _____ If not, what language is spoken? _____

Does your child have opportunities for working with small items (puzzles, blocks) at home? _____

Does he/she enjoy these activities? _____ What are his/her favorites? _____

Does your child have opportunities for large muscle activities (running, swinging)? _____

What are his/her favorites? _____

Does your child have access to a computer at home? If so, what games/software does he/she enjoy?

What special experiences has your child had that he/she might want to share? _____

Does your child mind getting messy? _____

What are your child's favorite songs? _____

What are your child's favorite stories: _____

How does your child respond to other children? _____

How does your child respond to adults? _____

Describe the type of discipline you have found most effective with your child? _____

Do any of your family members have a hobby, a talent or a special interest to share with the school children (musical talent, profession, etc.)?

What special activities would you like to see your child experience at school? _____

.....

Persons authorized to pick up child:

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Parent(s) Signatures(s): _____

Parent(s) Signatures(s): _____