



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!

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: _____

Occupation: _____

Workplace Name: _____ Work Phone: _____

Address: _____

Religion: _____ Place of Worship: _____

Father:

Name: _____

Cell Phone: _____ Email: _____

Occupation: _____

Workplace Name: _____ Work Phone: _____

Address: _____

Religion: _____ Place of Worship: _____

Other adults living with the family or who share child rearing? (Please describe): _____

Siblings (names and ages): _____

What family activities does your child enjoy? _____

Is your child enrolled in any group activities (art, dance, sports, etc.)? _____

Does your child have his/her own room? _____

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

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

Please give all the information you can on the following:

Toilet habits: _____

Sleep and nap habits: _____

Allergies: _____

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? _____

List your child's favorite play activities: _____

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? _____

What are your child's favorite large muscle activities (running, swinging, etc.)? _____

Does your child enjoy sensory/messy play? _____

Does your child prefer solo or group play? _____

What are your child's favorite songs? _____

What are your child's favorite stories? _____

How does your child respond to other children? _____

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

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

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.)?

Thank you for helping us learn about your child!