

Student Information Form 2024

Child's Name: _____

_____ Male _____ Female

Date of Birth ___/___/___

Address: _____ City: _____ Zip Code: _____

_____ Never attended a preschool program or Previous programs attended: _____

Home Information:

Child lives with: Mother and Father Mother Father Other: _____

Mother's Name: _____ Employer: _____

Profession: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Father's Name: _____ Employer: _____

Profession: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Names and all ages of children living in the same household: _____

_____ We do not attend church _____ We are looking for a church home

_____ We have a church home _____

Health Information:

Has your child been hospitalized or had any major surgeries? Yes No

Does your child have any food, insect, or other allergies: Yes No

Please list any health information we should know, including hospitalization and allergies:

Social/Emotional Information:

Please list any social/emotional or academic information we should know:

Is there any other information you would like to share with us concerning your child's preschool experience: _____

As a parent, I would be interested in volunteering for the following:

_____ Special class events _____ Helping with school wide events

_____ Bringing items to class when needed _____ Making items for the classroom

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Does your child speak a second language? Yes No What language? _____

Does your family celebrate holidays and birthdays? _____

What makes your child special?

What are your child's strengths?

What upsets your child? _____

What motivates your child? _____

Do you have any concerns about your child's behavior? _____

What interest does your child have outside of school? _____

Thank you for taking time to complete this form!