



Child and Family Information Sheet

Class (Days and Times) _____ Teacher _____

Child's Name _____ Nickname _____

Birth Date _____ Gender _____ Home Phone _____

Parent's Name _____

Parent's Address _____

Parent's Cell Phone _____ Parent's E-Mail _____

Parent's Occupation _____ Business Phone _____

Parent's Place of Employment _____

Parent's Name _____

Parent's Address _____

Parent's Cell Phone _____ Parent's E-Mail _____

Parent's Occupation _____ Business Phone _____

Parent's Place of Employment _____

Brothers and Sisters and their ages

Is your child on any medication? _____

Does your child have any allergies? _____

Does your child have any physical problems? _____

If yes to above, what precautions do we need to take to insure your child's safety during school?

Do you or your spouse have any special hobbies, collections, talents, or occupations that you would be willing to share with the children this year? _____

Do you have any pets? _____ Type & name: _____

Is your child primarily: right-handed _____ left-handed _____ not yet established _____

Does your child have neighborhood playmates? _____ Ages _____

Has your child attended preschool before? _____ Where? _____

What activities does your child particularly enjoy? _____

How do you support your child's development and learning at home? _____

Is your child afraid of anything? _____

How does your child feel about coming to school? _____

Can your child? put on a coat _____ put on shoes _____

button _____ zip _____

use the bathroom independently _____

List any concerns you may have or how we might help support you in fostering your child's development and learning:

Where will your child eventually attend kindergarten? _____

For 4-year old & Young 5's parents: Are you planning on your child attending kindergarten next fall?

YES _____ NO _____ UNDETERMINED _____

How did you hear about Eastminster Preschool? _____