



General Information

School Year \_\_\_\_\_

Child's Legal Name \_\_\_\_\_

Name Called \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Month / Day / Year)

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Other adults living in family home \_\_\_\_\_

Student Lives With:  Mother / Father  Mother/Stepfather  
 Father / Stepmother  Mother  Father  Other

Other children in family:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

In case of an emergency or illness, someone local other than parents that would be willing to pick up your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

What previous preschool experience does your child have? (Mother's Day Out, Church school, Nursery School) \_\_\_\_\_

Child's playmates: Older\_\_\_\_\_ Younger\_\_\_\_\_ Same Age\_\_\_\_\_

Does your child have any physical disabilities? \_\_\_\_\_

List any serious accidents the child has had \_\_\_\_\_

Any operations \_\_\_\_\_

Has there been any illness or changes in the usual routine or environment recently that may have affected your Child?

Does your child have any specific fears or reactions?

In the space below, please tell us any special things about your child (what makes him/her sad, mad, happy, etc.) which you think would help us to get to know him/her better and assist us in planning sessions to include his/her favorite or most needed activities.

Parent Signature \_\_\_\_\_