

Session: _____

Date: _____

St. John Lutheran Preschool Information Sheet

Child Information

Child's name _____ Nickname _____

Age _____ Date of birth _____/_____/_____ Sex _____

Church Affiliation _____

Baptized: ___ yes ___ no Date: _____

Mother/Guardian

Name _____ Home Phone _____

Home Address _____

Place of Employment _____

Occupation _____ Business Phone _____

Cell Phone _____ E-Mail _____

Church Affiliation _____

(Please * next to the preferred method of contact)

Father/Guardian

Name _____ Home Phone _____

Home Address (if different) _____

Place of Employment _____

Occupation _____ Business Phone _____

Cell Phone _____ E-Mail _____

Church Affiliation _____

(Please * next to the preferred method of contact)

Family Information

Child lives with () Mother () Stepmother () Legal Guardian

() Father () Stepfather () Grandparent

Siblings: Name _____ Date of Birth ___/___/___ School _____

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Siblings: Name _____ Date of Birth ___/___/___ School _____

Person(s) having permission to pick up your child(ren):

1. Name _____ Relationship _____ Tel. _____

2. Name _____ Relationship _____ Tel. _____

3. Name _____ Relationship _____ Tel. _____

Interests:

What are your child's favorite toys and activities that he/she likes to do at home? _____

Who are your child's friends/playmates? Does she/he interact and play well with his/her friends? _____

Communication:

What frustrates your child? Are there any behaviors that we should be aware of? _____

What comforts your child when he/she is upset? _____

Academics:

Has your child attended a daycare or preschool previously? _____

What academic skills does your child already know? _____

What would you like your child to learn this year in preschool? _____

Health:

Does your child have any allergies or health conditions that we should know about? Are they on any medication? Will any medication need to be administered at school? _____

Is your child toilet trained? ___ yes ___ no

Last bit of information:

Will your child be picked up, go to childcare, or ride the bus at dismissal? _____

Is there anything else that you would like me to know about your child? _____

Parent Signature: _____ Date: _____

Please include copy of child's current immunization record