

WORD OF LIFE LUTHERAN PRESCHOOL

Personal Information
2012-2013 School Year

Child's Full Name _____ School Year _____

Has your child ever attended preschool before? Yes _____ No _____

If so, where and for how long? _____

What special interests does your child have? _____

Does your child have a favorite toy or theme? _____

Does your child express any fears? _____

Please list other children in the family.

NAME	BIRTHDATE	NAME	BIRTHDATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital Status of Parents: Married _____ Single _____ Divorced _____ Other (specify) _____

Does child live with anyone other than mother and/or father? (Step parent, grandparent, etc.)

Race/Ethnic ID: _____ Country of Origin _____

Any recent changes in the family (death of a loved one, divorce, illness, birth of a sibling, job change, recent move, health problem, etc)? _____

Child's birth weight lbs. _____ oz. _____ Any birth problems? _____

Is child adopted? Yes _____ At what age? _____ Birth country? _____

Child knows s/he is adopted? Yes _____ No _____ Relevant background information? _____

Approx. age of: Walking _____ Talking _____ Toilet training _____

Was toilet training: Easy _____ Difficult _____ Still needs reminding? _____

Special words used or other toileting things we need to know? _____

Does your child have a medical condition, allergies, taking medication that may affect behavior? If so, please be specific:

Does your child have an IEP from the District or receiving services anywhere? _____

Does either parent travel for business? _____ If so, who? _____

Amount of time spent away from home: _____

Does your child stay with a babysitter? _____

Child's reaction? _____

What activities do you enjoy as a family? _____

In general, how do you handle discipline at home? _____

Language spoken at home if other than English? _____

What do you hope your child will gain from his/her experience at Word of Life Preschool?

Where will your child be attending kindergarten? _____

Any additional information we may need to know to best serve your child? _____

Signed _____ Date ____/____/____