

# Fingerprints Christian Preschool

## GETTING TO KNOW YOU

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

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

Cell Phone \_\_\_\_\_

Dad's Work \_\_\_\_\_

Mom's Work \_\_\_\_\_

### ABOUT THE FAMILY

Dad's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mom's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Siblings (Names and Ages) \_\_\_\_\_

Which relatives does your child see regularly?

\_\_\_\_\_

Pets and their names \_\_\_\_\_

### ABOUT THE CHILD

Birth Date \_\_\_\_\_

Current Age \_\_\_\_\_

Allergies \_\_\_\_\_

Medications or other special needs

\_\_\_\_\_

Favorite Foods \_\_\_\_\_

Favorite Books \_\_\_\_\_

Favorite Toys or Games \_\_\_\_\_

Special Interests \_\_\_\_\_

Talents \_\_\_\_\_

**SEE REVERSE**

## ABOUT SCHOOL

Check tasks your child can do independently:

\_\_\_\_\_ Go to the bathroom

\_\_\_\_\_ Dress his/her self

\_\_\_\_\_ Feed his/her self

What do you want your child to gain from preschool?

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List any special needs that will help the teacher to better understand your child.

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List any social or intellectual goals you would like your child to accomplish this year.

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Please share any other comments or information that you feel would best help Fingerprints Christian Preschool serve your child.