



Preschool Student Information Sheet 2019 - 2020

FAMILY HISTORY

Child's Name _____ Nickname _____

Birthdate _____ Home Phone _____

Home Address _____ City _____ Zip _____

E-mail _____

Parent's Name _____ Cell Phone _____

Occupation _____ Business Phone _____

Parent's Name _____ Cell Phone _____

Occupation _____ Business Phone _____

Phone numbers where we can reach you during school hours:

Parent 1 _____ Parent 2 _____

Religious Affiliation _____

OTHERS IN HOUSEHOLD

<u>Name</u>	<u>Relationship to Student</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents' Marital Status: Together _____ Separated _____ Divorced _____ Widowed _____

If parents are separated, who has custody? _____

Has this child been enrolled in day care/preschool/school before? _____

If yes, where? _____

Has this child had the chicken pox virus? YES NO (circle one) If yes, date _____

SLEEPING

What time does your child usually go to bed at night? _____ Get up in the morning? _____

Does he/she take a daytime nap or rest? _____

SPEECH

Does your child speak plainly so that others besides those at home can understand? _____

Are there any languages other than English spoken in the home? _____

PERSONALITY

Does your child have any special fears? If so, please list and explain: _____

Describe your child's personality: _____

What are some of the child's favorite outdoor/indoor activities? _____

What is the child's usual attitude toward being in situations which separate him/her from parents? _____

MISCELLANEOUS

Right or left handed? _____

What means of discipline do you find most effective? _____

Is there any information that we should know concerning your child, which would help us to understand him/her better? _____

Are you interested in helping us? Please circle all that apply.

Parent Association Board
(CCS Saints)

Classroom Parent

Substitute Teacher
(Fingerprint Clearance Card Required)

Do you have any special interests or talents you would be willing to share with us? Please specify:

Dates and times available: _____

Parent/Guardian Signature _____ Date _____