

2010-2011 PRESCHOOL APPLICATION

FAMILY INFORMATION

Name of Child _____ M _____ F _____

Address _____
(Street & Number) (City) (Zip)

Telephone _____ Marital Status of Parents _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Name _____ Place of Work _____ Phone _____

Mother's Name _____ Place of Work _____ Phone _____

Date of Birth _____ Where? _____

List names and ages of children in family (give birthdates) _____

Is anyone else regularly in the home? _____

What name should your child be called at school? _____

E-Mail address _____

CHURCH INFORMATION

Date of child's baptism _____ Where? _____

Church membership: Father _____ Mother _____

PHYSICAL BACKGROUND AND DEVELOPMENT

Emergency name & phone number of friend or relative in town _____

Pediatrician's name & phone number _____

Has your child had any serious illness, epilepsy, operations, accidents, or hospital experiences? _____

Explain: _____

How did your child react to these experiences? _____

Does your child have allergies? _____ Please list: Foods _____

Other allergies (specify): _____

Child's sleeping habits: Nap? _____ Bedtime? _____

Does child dress independently? _____ Toileting problems? _____ Is child right or left handed? _____

