

Old Providence Preschool Information Form
A Ministry of Old Providence ARP Church

Help us get acquainted with your Child.

Child's Name: _____ Name used: _____

Child's Birthdate: _____ Present Age: _____

List all adults in your home and their relationship to your child:

List other children in your home, their relationships, and ages.

Tell us about your child's previous care -- by parent, childcare facility, daily babysitter.

What opportunities has your child had to be with other children of the same age?

Does your child attend Sunday School?

Does your family attend Church?

Which Church?

Does your child have friends attending Old Providence Preschool or siblings who did? Who?
When?

Tell us about your child's favorite toys, books, favorite activities, pets.

Tell us about favorite foods, disliked foods, or food allergies?

Tell us about any fears.

Tell us about any behavior problems.

Does your child have any health problems?

Tell us about any significant family events such as a move, divorce, illness, or death.

Are there custody concerns the Preschool needs to be aware of?

How do you hope this class will help your child?

Care-giver information: (Parents or other person(s) with primary responsibility for care of child)

Name of Father: _____ Name of Mother: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

E-mail address: _____ E-Mail Address: _____

Employer: _____ Employer: _____

Work Number: _____ Work Number: _____

Who should be contacted in the event of an emergency? _____

Names of other contact persons:

_____ Phone: _____

_____ Phone: _____

Who will pick up your child after Preschool each day? _____

Please attach any additional information you feel the Preschool should have.