

### Old Providence PreSchool Information Form

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, child care 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.