

PERSONAL INFORMATION FORM 2016-2017

Child's Last Name _____ First _____
Name your child wants to be called at school _____
Child's Address _____
City _____ Zip Code _____ Phone # _____
Date of Birth _____ Gender _____ M _____ F

What is the primary language spoken at home? _____

Are you a Christ Lutheran Church Member? _____
Would you like information about the church? _____
Church you are affiliated with _____

Mother's Name _____
Mother's Home Address _____
Home Phone # _____ Cell Phone # _____
Email Address _____
Mother's Occupation _____
Mother's Place of Employment _____
Mother's Work Address _____
Mother's Work Phone # _____

Father's Name _____
Father's Home Address _____
Home Phone # _____ Cell Phone # _____
Email Address _____
Father's Occupation _____
Father's Place of Employment _____
Father's Work Address _____
Father's Work Phone # _____

Siblings and Ages _____
Siblings attending Christ Lutheran Church Preschool _____
Relationships with others living in the home _____
Marital Status: _____ Married _____ Divorced _____ Single Parent
If divorced, who has legal custody? _____
May the non-custodial parent/guardian pick up the child? _____
(over)

List any significant health problems your child has, such as allergies, diabetes, seizures, or other chronic illness (requires a written **Health Care Plan** from doctor) _____

Are there any special food or eating instructions (other than allergies/health concerns described above) that we need to be aware of? _____

Has your child been assessed or referred for special testing for any type of difficulty either by your physician or by a specialist? (please explain) _____

Does your child have any physical limitations? Yes _____ No _____

Is your child taking any medications at this time? Yes _____ No _____

If yes, please list ALL medications and reasons for taking the medication: _____

ANY medication taken at school must be authorized by a physician - required paperwork in the preschool office.

Does your child have a preference for right or left hand? _____

Has your child had a previous preschool experience? _____

Does your child have any hearing difficulties you are aware of? _____

Does your child have any speech difficulties you are aware of? _____

Does your child have any difficulty using or telling someone he/she needs to use the bathroom? _____

What activities does your child enjoy? _____

Does your child have any fears or dislikes? _____

Do any of your child's behaviors cause you concern? _____

How does your child express anger or frustration? _____

How does he/she express feelings of happiness/excitement? _____

How does your child show that he/she is tired? _____

How does your child usually react to being separated from the people who will be dropping him/her off? _____

How does your child like to be comforted? _____

Any additional comments on information such as discipline, communication, etc. that may help us serve your child better? _____

Parent's Signature

Date