

## PERSONAL INFORMATION FORM 2017-2018

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