

GENERAL INFORMATION – FAMILY

Mother's Name

Cell Phone Number

Father's Name

Cell Phone Number

Address

Mailing Address (If Different)

Email Address

Mom's Occupation

Dad's Occupation

Siblings Names/Ages

Pets

Activities your family enjoy together:

Do you have any hobbies, interest, or occupations you would like to share at school? Describe:

Describe any family practices, structure, culture, religion and home language:

Church Affiliation:

Additional comments/information:

Village Church Preschool



GENERAL INFORMATION – CHILD

Date of application

Name

Nickname

Birthdate

Daily Routines

Bedtime: _____ AM wake-up: _____

Nap?: _____ When: _____ How Long: _____

Health Evaluation

Parents evaluation of child's health: _____

List any allergies staff should be aware of: _____

Treatments, including medications kept at school: _____

Evaluate your child's

Eyesight: _____ Hearing: _____

Physical abilities: _____

Has your child been evaluated and/or diagnosed for special needs? If yes, explain: _____

Social/Emotional Evaluation

Has your child had group play experiences? If yes, explain: _____

How does your child get along with others?: _____

Does your child have any special problems/fears? Explain: _____

Describe your child's personality: _____

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