

STUDENT INFORMATION FORM

(Circle or Fill in the Blank)

- Name of Child: _____
- My child prefers to be called: _____
- Child's Date of Birth: _____
- Parents Names: _____
- List siblings and ages: _____

- Family members or others that live in our home include: _____

- We have _____ pets and their names are: _____
- Language(s) spoken in our home: _____
- Child shows a preference for: right hand left hand unsure
- Has child suffered any serious illnesses/accidents? If so, please explain: _____

- Does your child have any diagnosed medical/behavioral conditions?

- Does your child have a known speech delay or are you concerned about your child's speech? _____
- Are you aware of any sensory difficulties for your child? _____
Hearing _____ Seeing _____ Touching _____ Other _____
- Known allergies (include food, medicine, fabric, inhalant, insects, animals)

- How many hours does your child sleep at night? _____
- Self-Help Skills (circle the ones that your child can do independently)
Wash/Dry hands Zip Tie shoes
Button Snap Independent dressing
- How does your child state the need? (Urination) _____
(Bowel) _____

- Is your child afraid of something specific? Yes No If yes, what? _____

- Does your child have nervous habits? How does he/she show them? _____

- What are your child's favorite interests, games and/or activities? _____

- My child does not like: _____
- Is your child accustomed to playing with: _____ Alone _____ Many friends
_____ A few friends/siblings
- Does anything about your child's play concern you? Yes No
If yes, please explain: _____

- Describe your child's personality: _____

- Typical behavior when angry: _____

- What is an effective method of discipline for your child? _____

- What would you like your child to gain from this Preschool experience? What are
your expectations? _____

- Please let us know any additional information which will help us better care for and
understand your child: _____

- What school district will your child be attending? _____
- Where did you hear about St. Paul Lutheran Preschool?
Flyer Facebook Website Church Word of Mouth Other _____
- Name of other school / daycare child attends: _____
Director's name: _____ Phone: _____