

ALL GOD'S CHILDREN INFORMATION SHEET

Name _____

Email _____

What would you like your child to be called at school? _____

Birthdate _____ Rank in family _____

Names and ages of brothers and sisters _____

Allergies and/or health problems: _____

School district in which you reside _____

Elementary School you plan to attend _____

Has your child been through pre-school screening? _____ When? _____

Is your child participating in any Early Childhood or Home Visitation programs through the school district or county? _____

Is your child receiving speech therapy? _____ Where? _____

Is your child enrolled in any other programs on a regular basis? (eg. ballet, swimming, tumbling)

Does your child have an opportunity to play with other children?
_____ Often _____ Sometimes _____ Seldom _____ Never

Is your child used to being away from home for short periods of time?
_____ Often _____ Sometimes _____ Seldom _____ Never

Does your child have any pets? _____ If so, what? _____ Names _____

Are there any situations at home that would affect your child's behavior and/or emotions at school?
(divorce, recent death of a family member, illness, hospitalization)

Do you feel your child needs help or special attention in any particular areas?

Special skills or talents of parents that could be shared at preschool? _____

Parents' Occupation _____
(Father) (Mother)

Signature of Parent _____ Date _____