

# Preschool Child Information Sheet

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex M F Birthdate \_\_\_\_\_

My child prefers to be called \_\_\_\_\_

Parent/Guardians Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Number of different addresses at which this child has lived for more than three months \_\_\_\_\_

How long have you lived in this school district? \_\_\_\_\_

To help us be more sensitive to your child's family situation, please check:

Child lives with:

- \_\_\_\_\_ Both Parents
- \_\_\_\_\_ Single Mom/Dad
- \_\_\_\_\_ Parent & Step Parent
- \_\_\_\_\_ Foster Parent

What experiences has your child had outside the home?

- \_\_\_\_\_ Daycare
- \_\_\_\_\_ Church Related Program
- \_\_\_\_\_ Preschool
- \_\_\_\_\_ ECCE Classes

**Please list name and ages of child's family:**

Relationship To Child	Name	Age	Occupation/Profession	If Employed		# of Years Attended School
				FT	PT	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Date of Early Childhood Preschool Screening (required to attend Ready Set Grow classes)

\_\_\_\_\_

If interested in volunteering in the classroom, a BHM School District criminal background check needs to be on file. Have you completed one? \_\_\_\_\_ yes \_\_\_\_\_ no

(This needs to be confirmed before volunteering in the classroom)

Does your child have any food/drink or other allergies? \_\_\_\_\_

If so, please list \_\_\_\_\_

Is your child toilet trained?

Does your child have any physical condition we should be aware of?

Does your child have any fears?

Does your child have any other special needs?

What are your child's favorite activities?

Does your child have the use of a computer at home?

What do you expect your child to gain from this experience?

Is there any other information you would like us to know about your child in regards to emotional development and social behavior?

During preschool, my son/daughter may be picked up by the following people:

	Name	Telephone Number
Daycare	_____	_____

Car Pool	_____	_____
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\_\_\_\_\_ Parents Only – unless written note accompanies child to class

#### WALKING FIELD TRIP CONSENT

My child has permission to attend walking field trips in the school area with her/his preschool class and Early Childhood Family Education Staff. Parents will be notified (with the exception of the Elementary playground) of the walking field trip either before hand with a parent letter or upon arrival time. Any bus trips would require a separate permission form.

Parent/Guardian's Name \_\_\_\_\_

If you have any questions, please give us a call at 763 682-8780. Thank you.