Pioneer Preschool Student Information Sheet

Child's Name_____

What do you want you child to be called at school? _____

Child's Birthdate (M/D/Y):_____

Parent's Name(S):_____

Email Address: _____

What do you hope for your preschool child to gain from preschool?

_____

_____

Child's Siblings (this will help us spell their name on artwork):

_____

_____

_____

Family Pets: _____

Child's Allergies (please include food, animal, or other allergies):

_____

_____

What are your child's favorite snack foods?

_____

_____

What are your child's interests?

_____

_____

What activities does your child like to do?

_____

_____

What are your child's dislikes (food, activities, other):

_____

_____

If there is anything else you would like to tell us about your child, please list below: