

Grace Lutheran Preschool

Enrollment Information



Child's Name _____

Also known by _____

Birthdate _____ Age _____ Sex: M or F

Allergy Information: Please list all allergies, health concerns or special needs your child may have.

Parent Information



Father's Name _____

Home address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Work Hours/Days _____

Occupation _____
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Mother's Name _____

Home address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Work Hours/Days _____

Occupation _____

Siblings

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____



OVER.....

Grace Lutheran Preschool



Child Information

Is your child potty trained? _____

Does your child need help with bathroom needs? _____

Does your child participate in household chores? _____

Does your child dress self? _____

Does your child have playmates? _____ How many? _____

Has your child ever received any speech help? _____

Has your child ever received any occupational therapy? _____

Has your child had any accidents or operations? _____

Has your child experienced death recently? (ie: family member or pets) _____

Is your child on any medications on a regular basis? _____

If yes, please explain _____

Has your child experienced a traumatic experience of some kind? (ie: fire, car accident) _____

Does your child spend time on a computer/tablet/smart phone? _____

How long per week? _____ How many hours does your child watch TV? _____

Favorite play activities/toys _____

Does your child show a hand preference when writing/cutting? R or L

When your child moves onto kindergarten, which school do you foresee them attending? _____

On a separate piece of paper please feel free to attach any goals or specific experiences you want your child to gain from this school year.