

ST. TIMOTHY LUTHERAN CHURCH PRESCHOOL
STUDENT INFORMATION FORM

Name of child

Male/Female

Name you would like your child to be called (nickname)

Child's date of birth

Mother's Name

Cell Phone

Mother's Email

Mother's Work Phone

Father's Name

Cell Phone

Father's Email

Father's Work Phone

Address (Street address, City, State and Zip Code)

Emergency Contact (if unable to reach parent – please include name and relationship to the child)

Phone

Which email should the director and teachers use to send school and class information (mother's, father's, both, or other)? _____

How did you hear about our school? _____

Does your child have any siblings? If so, please give their names and ages. _____

What is your family's church affiliation or religion? _____

What is the primary language spoken in your home? _____

Does your child know more than one language? If so, what language(s)? _____

Is your child potty trained? _____

What are some of your child's favorite activities? _____

Do you anticipate any difficulties for your child at school, such as separation anxiety, sharing, or following directions?

(Please turn over and complete back of form).

Does your child have any fears that we should know about? _____

Has your child been evaluated for any developmental delays or behavior issues? If so, please explain. _____

Has your child received (or is receiving) any type of intervention, such as speech, occupational or behavioral? _____

What do you hope preschool will accomplish for your child while they are with us?

- Developing social skills
- Making friends
- Developing self-help skills
- Learning pre-kindergarten skills, such as letter recognition
- Other (please explain)

Please share any other information that will help us get to know your child better. _____

Please check any/all special talents or interests you are willing to share with your child's class this year:

- Storytelling/reading books
- Cutting shapes for art projects
- Volunteering your time at school to help with activities such as Lunch Bunch, Fundraisers, or Substituting (please list which activity you are interested in and what days/times you are available):

- Other (please explain)

Signature _____

Date _____