

TRINITY PRESCHOOL
CHILD INFORMATION FORM

Name of Child _____ (M) _____ (F) _____

Date of Birth _____ Marital Status of Parents _____

Address _____

Telephone _____ Cell _____

Father's Name _____ Employment _____

Mother's Name _____ Employment _____

Names and ages of other children in the family _____

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

Does your child take any medications? _____ Please list: _____

Does your child have any allergies? _____ Please list: *Foods* _____

Others: _____

Does your child have any special needs, (i.e. physical, developmental, learning, emotional, speech & language) that the program should be aware of? _____

Please explain: _____

Does your child dress independently? _____

Are there toilet concerns? _____

Is your child right-handed or left-handed? _____

Is your child easily managed, fairly easy to manage, or hard to manage? (circle)

What methods of discipline does your child respond to? _____

How does your child react to discipline and/or correction? _____

Does your child have any fears which we should be aware of? _____

What would you like your child to gain from his/her preschool experience? _____

PLEASE ATTACH A COPY OF YOUR CHILD'S HEALTH INSURANCE CARD TO THIS FORM.

Rev. 8-15

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