

Worthington Presbyterian Preschool
773 High Street
Worthington, Oh 43085
O: 614-885-3765 F: 614-885-3101

Student Information Record

Child's Name: Last _____ First _____ Middle _____

Preferred name to be called? _____

Date of Birth _____ Age as of September 1st ____ Male/ Female

If parent are divorced or separated, what are the current custodial arrangements? _____

Housing

House _____ Condominium _____ Apartment _____ Other (please describe) _____

Do both parents currently live with the child? Y/N _____ Total number in household? _____

Number of brothers _____ Names and ages _____

Number of sisters _____ Names and ages _____

Name(s) of any sibling that attended WPPS _____

Play area: Outdoors _____ Indoors _____

Cultural Information

Language(s) spoken at home _____

Please describe any cultural or religious preferences we should be aware of: _____

Sleep Habits

Bedtime _____ When does child fall asleep? _____ When does child wake up? _____

Child sleeps approximately _____ hours/night

Takes afternoon nap? Y/N _____ If so, number of hours? _____

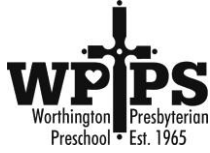
Problems connected to sleep _____

Toilet and Dressing Habits

Child needs help in the bathroom? Y/N _____ If yes, please describe: _____

Likely to have accidents? Y/N _____ Asks to use the bathroom? Y/N _____ Dresses self? Y/N

Our Mission is to nurture the social, emotional, educational, and spiritual growth of each child
in a loving Christian environment.



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Personality Traits

Describe your child's personality: _____

Friendly and cooperative with adults? Y/N Friendly and cooperative with children? Y/N

Nervous habits: _____

Fears: _____

Are there any discipline issues? _____

Is your child under a doctor's care for physical or emotional support? Y/N If yes, please describe:

History of serious illness or hospitalization Y/N If yes, please describe: _____

Previously attended a school? Y/N School name _____

Location of school _____ Dates attended _____

Please list any changes or transitions that the child or family may be experiencing _____

Please list any additional family or personal information that would help us support your child
(employment, family schedule, allergies, etc.) _____

Please provide any other information that you feel would be valuable for us to know in order to help
your child with his/her early education experience.

What are your expectations of this program? What are you and/or your child excited about as he/she
starts in this program?

Thank you! The WPPS Staff

11/29/18