

Student Information Form

Angels of Hope Preschool

CHILD INFORMATION

Child's full name: _____

Name child goes by: _____

Date of birth: _____ Sex: M / F

Date of Baptism (month & year): _____

Child's home address: _____

Child's home phone number: _____

PARENT OR GUARDIAN INFORMATION

Father's name: _____ Phone: _____

Father's address: _____

Father's occupation and place of employment: _____

Work Phone: _____ Cell Phone: _____

Mother's name: _____ Phone: _____

Mother's address (if different than father's address): _____

Mother's occupation and place of employment: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

FAMILY INFORMATION

Brothers and/or sisters (please indicate ages and whether they live with the child):

Name	Age	In home with child? Y/N
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other persons living with the child and their relationship (if any) to the child:

Church in which you are a member: _____

Name of pastor: _____

TIMES AND DAYS OF THE WEEK

___ Three-year-old Preschool – Tuesday and Thursday mornings

___ Four-year-old Preschool – Monday, Wednesday, and Friday mornings

PICK-UP OF CHILD

Persons authorized to pick up child: _____

Persons who may NOT pick up child: _____

PERSONAL HISTORY

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

Has your child had a previous group interaction or preschool experience? Y / N

If so, where and when? _____

Does your child have any allergies? Y / N Please explain: _____

Are there any medical problems of which we should be aware? Y / N

Please explain: _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

List special food or eating instructions: _____

What is your child's concept of God? _____

Add additional information related to discipline, child's communication, comforting, habits: _____

