

Child's Name _____ Birthdate _____

Mother's Name _____ Birthdate _____

Mother's Occupation _____

Father's Name _____ Birthdate _____

Father's Occupation _____

Brothers or Sisters: Names _____ Ages _____

Religion _____ Baptized _____

Food Allergies? _____

Other Allergies? _____

Medications currently taking _____

Potty trained at what age? _____ Completely? _____

Does child still nap? _____ Always _____ Occasionally _____

Child's favorite activities & toys: Indoor & out:

Type of discipline that works best for your child _____

How is he/she comforted? _____

What frightens your child? _____

Any previous group experiences _____

Please use this side of the paper to add any information about your child’s abilities, habits, or personality which you feel will help us to better understand your child and provide a good preschool experience for him/her.

Thank you,

Faith Lutheran Preschool

Sign _____ Date _____