

PLEASE FILL OUT AND RETURN TO TEACHER TODAY

## PRESCHOOL INFORMATION SHEET

Child's Name: \_\_\_\_\_ Name Used: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Birth date: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Parents' or Guardian's Name \_\_\_\_\_

Lives with: both parents  Mother  Father   
Guardian \_\_\_\_\_  
(indicate relationship, if any)

Name and ages of other people living in home:

Does child attend nursery school? \_\_\_\_\_ Does child attend Sunday School? \_\_\_\_\_

Does child have pets? \_\_\_\_\_ Name(s): \_\_\_\_\_

Child's favorite toys or activities: \_\_\_\_\_

Child's favorite Bible Story: \_\_\_\_\_

Child's favorite Bible song: \_\_\_\_\_

Child's favorite snack: \_\_\_\_\_

What, if any, fears are you aware of? \_\_\_\_\_

Has child had serious illnesses or accidents? \_\_\_\_\_

Allergies: \_\_\_\_\_ Handicaps: \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

To whom may we release your child? \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Core Leader: \_\_\_\_\_