

Bay Presbyterian Preschool

First Name: _____ Middle: _____ Last: _____

Nickname or the name wanted on classroom nametag: _____

Child's Birthdate: _____

If needed, may the classroom teacher text you during the year? Y N

Name: _____ Cell #: _____

What would you like your child to gain during this year of preschool?

Family Information: Brothers and Sisters

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Who has cared for the child other than the parents?

Does your child have any allergies?

Has your child had any group play or school experiences?

How does your child relate to other children?

What activities (quiet and active) does your child enjoy?

What responsibilities do you give your child?

What method of discipline is used in your home and how does your child respond?

How would you describe your child's personality?
