

# 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?

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Family Information: Brothers and Sisters

Name	_____	Age	_____	Name	_____	Age	_____
Name	_____	Age	_____	Name	_____	Age	_____

Who has cared for the child other than the parents?

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Does your child have any allergies?

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Has your child had any group play or school experiences?

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How does your child relate to other children?

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

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What responsibilities do you give your child?

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

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How would you describe your child's personality?

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Do you give permission for our preschool to use photos from classroom activities that may include your child on our preschool social media pages if their face is not shown or is covered?

YES

NO