

**Westminster  
Presbyterian  
Church  
Preschool**

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# Information Sheet

August 10<sup>th</sup> 2009-May 2010

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Thank you for choosing Westminster Presbyterian Preschool for your child.  
Share with us how you learned about the preschool:

My spouse and/or I came here       Other child in family attends  
 Relative came here       Talked with staff member  
 Advertisement       Other: Please describe \_\_\_\_\_  
 I was referred: By whom? We'd like to thank them: \_\_\_\_\_

### Please help us know your child better...

Preschool teacher previous year: \_\_\_\_\_

Kindergarten child will attend: \_\_\_\_\_

Family's Church affiliation: \_\_\_\_\_

What group experiences has your child had? Please mark those that apply: Preschool, Sunday School, Bible School, home or family child care, other child care, Library story hour, lessons for dance, gymnastics, swimming; neighborhood play group; other activities with young children: \_\_\_\_\_

Child's special interest \_\_\_\_\_ Fears? \_\_\_\_\_

Child's food allergies or cultural restrictions, (If none please write none): \_\_\_\_\_

Other allergies \_\_\_\_\_

Special needs to be aware of for your child: \_\_\_\_\_

Health insurance company: \_\_\_\_\_ Contact information: \_\_\_\_\_

Name of child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Complications during pregnancy, labor or delivery: \_\_\_\_\_

Length of pregnancy: \_\_\_\_\_ Child's birth weight: \_\_\_\_\_

Has your child ever stayed in a hospital overnight or had outpatient surgery?

At age \_\_\_\_\_ for this reason \_\_\_\_\_

**Family Information**

Please list all adults and/or siblings living with the child at home:

Name	Date of birth	Overall Health	Allergies	Long-term illnesses
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names and ages of child's brothers and/or sisters not living in the home:

\_\_\_\_\_

Please share any information which will help us better understand and serve your family...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share with us your goals for preschool:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_