PRESCHOOL STUDENT INFORMATION SHEET

Child's Full Name _____

(First) (Middle) (Last)

Address _____

Date of Birth _____ Do you celebrate birthdays? Yes No

Home Phone _____ Email_____

Allergies/Health Concerns: _____

Father's Name _____ Work/Cell _____

Mother's Name _____ Work/Cell _____

Emergency contacts if parent(s) cannot be reached:

(Name) (Phone) (Relationship to child)

(Name) (Phone) (Relationship to child)

List the names of special people in your child's life: Name: Relationship:	Likes: Dislikes:
My child knows how to:	My child is afraid of / My child is afraid when…
Favorite foods:	My child is potty trained. My child is still learning how to use the potty.