CHILD INFORMATION SHEET

Child's Full Name: _____Name Called: _____

Home Address: _____ City: _____ Zip: _____

Child's Date of Birth (or due date if not yet born): ____/____/____

If child was born 3 or more weeks prematurely, # of weeks premature: _____

Has child attended preschool before? ☐ Yes/No ☐
If yes, where: _____

Reason for leaving: _____

Does your family attend church? ☐ Yes/No ☐
If so, where: _____
Are you interested in learning more about North Phoenix Baptist Church? ☐ Yes/No ☐

Are parents: single ☐ married ☐ *divorced ☐ *separated ☐
If not living with parents, with whom does the child live? _____
Custody papers must be on file in the Preschool office. If there are no legal documents determining custody, the center cannot deny a legal parent the right to pick up the child.

FAMILY INFORMATION:

Parent 1 Name: _____ Email address_____ Cell Phone_____

Parent 2 Name: _____ Email address_____ Cell Phone_____

Siblings Names & Ages: _____

Names child calls Grandparents: _____

Pets at home & their names: _____

Primary language spoken by child/family: _____

Is your child currently learning multiple languages? ☐ Yes/No ☐

If so, which language/s: _____

Also if so, list ways we can support multiple language development in the classroom:
_____

ADDITIONAL INFORMATION:

Fears: _____

Favorite toy or activity: _____

Is your child completely toilet trained (Wears underwear all day without accidents)? ☐ Yes/No ☐

Allergies: _____

If allergies, are any considered life threatening? ☐ Yes/No ☐
(if yes, a Life Threatening Allergy Action Plan must be completed. Please complete in the weekday office)

Are there any customs or practices in which your family participates that we can extend throughout the school day that would make your child feel more comfortable being away from home?

List any traumatic experiences your child may have had such as; moving, death of a pet or loved one, serious illness, accident or separation/divorce and when it occurred:

Has your pediatrician expressed any physical or developmental concerns during your child's well visits? ☐ Yes/No ☐ If yes, please list?

Has your child been evaluated or treated for any special needs? ☐ Yes/No ☐

Please list any/all physicians, schools and/or therapists with whom you have worked. Also include Date/Where/What was diagnosed (use a separate sheet if needed):

Does your child have an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP)?

☐ Yes/No ☐

(If yes, please make sure to turn in a copy with your enrollment paperwork so that we can keep in your child's file.)

If applicable, would you like us to collaborate with your child's therapists so that we can better support your child in his/her classroom? ☐ Yes/No ☐

Does your child have any special dietary needs while at school? ☐ Yes/No ☐

_____

Does your child have any needs related to hearing or vision? ☐ Yes/No ☐

_____

Anything else you would like for us to know:

Note: Please provide information regarding medical conditions and/or medications to be administered at school on the Emergency Information Form included in your registration packet.

Parent Signature_____ Date_____