

Grace Lutheran Preschool
General Information Form

Child's Full name

Nickname

Date of Birth

Mother's name

Father's Name

Church affiliation/membership

Home Phone Number

Please answer the following:

- Has your child had any previous preschool experience? If yes, specify. (Examples: play groups, Sunday School, library story time, etc...)
- Does your child have any specific fears? (Examples: masks, insects, animals, loud noises, storms, darkness, etc....)
- Is there any personal information about your child or your family that we should know about in order to make your child's preschool experience the best possible? (Examples: new baby, death in the family, issues with a family pet, recent separation/divorce, serious illness of a family member or friend, etc...)
- Does your child have any special interests? (Examples: music, art, dancing, sports, etc...)
- Would either parent (or guardian) be interested in volunteering in one of our classroom? If yes, what days/times are you available?
- Would either parent (or guardian) or other family member like to share his/her interests/talents with your child's class/school? Please check all that apply and indicate person's name.

_____ Taking photos

_____ Telling stories/reading books

_____ Craft activities/art projects

_____ Cooking with children

_____ Gardening

_____ Music: playing/singing

_____ Share your occupation

_____ Share a hobby

_____ Outdoor work (playground maint.)

_____ Other: _____

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