

**TIMOTHY CHRISTIAN PRESCHOOL**  
**Student Information Form**

Child's given name: \_\_\_\_\_ Name child is called: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

From time to time we will use photos/videos/images of students on our website and in other school promotional materials. Please indicate your preference and provide your signature as verification.

YES  NO

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**HOME AND FAMILY**

Child's birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Is the child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_ Does he/she know? Y N

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Any other adult's in the home? \_\_\_\_\_

Siblings:	<u>Brothers</u>	<u>Age</u>	<u>Sisters</u>	<u>Age</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**HEALTH AND GROWTH**

Does your child have any food allergies? Specify: \_\_\_\_\_

Any other allergies? Specify: \_\_\_\_\_

Any difficulty with hearing? \_\_\_\_\_ with vision? \_\_\_\_\_

Any serious injuries? \_\_\_\_\_ any surgeries? \_\_\_\_\_

Have any of the following been a problem for your child?

\_\_\_ Thumbsucking    \_\_\_ Bedwetting    \_\_\_ Elimination  
\_\_\_ Eating    \_\_\_ Sleeping    \_\_\_ General Nervousness

Any health problems at present? \_\_\_\_\_

**MOTOR DEVELOPMENT**

Hand Preference: Left \_\_\_\_\_ Right \_\_\_\_\_ No Marked Preference \_\_\_\_\_

Has your child had experience with any of the following materials?

\_\_\_\_\_ Crayons

\_\_\_\_\_ Scissors

\_\_\_\_\_ Pencils

\_\_\_\_\_ Paint

\_\_\_\_\_ Paste or glue

\_\_\_\_\_ liquid crayons or magic markers

**PLAY ACTIVITIES**

What are your child's favorite play activities? \_\_\_\_\_

How would you characterize your child's play at home?

\_\_\_\_\_ Active

\_\_\_\_\_ Quiet

\_\_\_\_\_ Energetic

\_\_\_\_\_ Self-Initiated

\_\_\_\_\_ Dependent on Adults

List any play restrictions we must follow for your child: (i.e. health problems) \_\_\_\_\_

\_\_\_\_\_

**SOCIAL INTERACTIONS**

Does your child have playmates? \_\_\_\_\_

How does your child interact with these playmates? \_\_\_\_\_

**SPEECH AND LANGUAGE DEVELOPMENT**

Any apparent speech difficulties? Describe briefly: \_\_\_\_\_

\_\_\_\_\_

Do you read to your child? \_\_\_\_\_ How often? \_\_\_\_\_

**EMOTIONS AND BEHAVIOR**

Does your child have any of the following fears?

\_\_\_\_\_ of the dark

\_\_\_\_\_ of strangers

\_\_\_\_\_ of animals

\_\_\_\_\_ of being alone

\_\_\_\_\_ of storms

\_\_\_\_\_ of medical personnel

How would you characterize your child's general attitude toward adults?

\_\_\_\_\_ friendly

\_\_\_\_\_ aggressive

\_\_\_\_\_ shy

\_\_\_\_\_ indifferent

Does your child: \_\_\_\_\_ take care of toilet needs \_\_\_\_\_ put on own coat \_\_\_\_\_ button \_\_\_\_\_ zip

How do you assess your child's confidence? \_\_\_\_\_

Has your family gone through any difficult situations such as fire, robbery, or death in the family circle? \_\_\_\_\_

How does your child react to new situations? \_\_\_\_\_

**ADDITIONAL COMMENTS**

Is there anything else you feel we should know as we work with your child?

How do you feel your child will benefit from attending Timothy Christian Preschool?