



Trinity Preschool

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CHILD INFORMATION FORM

School Year: _____

Child's Name: _____ [] Male [] Female

Date of Birth: _____ Child's Preferred Name: _____

Address: _____

Marital Status of Parents: _____

Mother's Name: _____ Phone: _____

Mother's Employment: _____

Father's Name: _____ Phone: _____

Father's Employment: _____

Names and ages of other children in the family: _____

Child's preferred name/nickname: _____

Does your child take any medications? _____ Please list: _____

Does your child have any allergies? _____ Please list: _____

Does your child have any special needs that the preschool should be aware of? (i.e., physical, developmental, learning, emotional, speech & language) _____ Explain: _____

Does your child dress independently? _____

Are there toilet concerns? _____

Is your child right-handed or left-handed? _____

Is your child easily managed, fairly easy to manage, or hard to manage? (circle one)

What methods of discipline does your child respond to? _____

How does your child react to discipline and/or correction? _____

Does your child have any fears that we should be aware of? _____

What would you like your child to gain from his/her preschool experience? _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS FORM.