

SOW & GROW CHRISTIAN PRESCHOOL

Student Information Form

In order to understand your child better, we are asking for the following information. It is for the teachers' use only.

Child's Name: _____ Name to be used at school: _____

Child's Birth Date: _____ Sex: Male ____ Female ____

Has your child previously attended preschool? Yes ____ No ____ If yes, where? _____

Was this a positive experience? Yes ____ No ____ Kindergarten you expect your child to attend: _____

Names & ages of any other children in the family: _____

Parents' church: _____ Does your child attend a Bible class? _____

What are your child's special interests? _____

Does your child have any pets? Names: _____

Does your child like to play with other children? _____ or alone? _____ Is your child right- or left-handed? _____

Any special issues we should be aware of? _____

Any food or other allergies? _____

Does your child have any fears? _____

Which of the following behavior traits have you observed? (Circle all that apply):

Friendly, Generous, Able To Lead, Sympathetic, Cooperative, Sulky, Rebellious,

Willing To Conform To Requests, Curious, Shy, Dominating, Other: _____

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

Parent Signature