



DCPC Weekday Preschool Confidential Form

The teacher who is well acquainted with a child's likes and dislikes, interests, family and home experiences is better equipped to guide the child's growth. Your thoughtful completion of this form will give your child's teachers knowledge that will help them work more effectively with him or her from the very beginning of school. The information you give will be considered confidential.

Child's Name:

(last) (first) (middle) (name called)

Date of birth: _____ Age: _____

Family and Home:

Mother's Name: _____

Occupation: _____

Special talents or interests I can share in the classroom _____

Father's Name: _____

Occupation: _____

Special talents or interests I can share in the classroom _____

Are both parents living in home? Yes ____ No ____

Siblings:

Name	Gender	Birthdate
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Others living in your home:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Does your child have a regular nanny or caregiver? Yes or No (please circle)

Name: _____ Cell Phone Number: _____

Please complete the back of this form

Child's Name: _____

List pets and their names: _____

Has your child or family recently experienced a major life change such as a birth, death, remarriage or move and, if so, how is your child reacting to it? _____

Regular Routines:

Does your child rely upon a special comfort item such as a blanket, bear, etc.? Will your child want to bring this comfort item to school? _____

Does your child have daytime control of toileting? _____

Child's Interests:

Favorite books or stories: _____

What are your child's favorite play activities? _____

Previous organized group experiences (church school, preschool, music class etc.)

Describe your child's attitude toward such experiences _____

Other:

Do you have any concerns about your child you wish to share with the teacher?

Are there areas in which your child experiences difficulty or does your child have any specific fears?

Does your child receive:

_____ Speech Therapy, _____ Occupational Therapy, _____ Physical Therapy,

Sensory Therapy _____ Other: _____

Does your child have allergies? _____ If yes, please explain: _____

<p>~ What is the name of your home church? _____</p> <p>~ Are you interested in learning more about worship and ministry at DCPC? (circle one) yes / no</p>
