

# EPIPHANY LUTHERAN PRESCHOOL

## Child Information

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Right handed \_\_\_\_\_ Left handed \_\_\_\_\_ Shows no preference \_\_\_\_\_

Name you wish your child to print \_\_\_\_\_ School District \_\_\_\_\_

Name & ages of siblings \_\_\_\_\_

Has your child been away from his/her parent(s) before? (I.e. babysitters, day care, church nursery, etc.)

\_\_\_\_\_

Has your child attended preschool before? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child have any particular fears, habits or expressions that we should be aware of?  
Please describe:

\_\_\_\_\_

\_\_\_\_\_

In general, how does your child react to anxiety or a stressful situation? Please describe

\_\_\_\_\_

\_\_\_\_\_

How does your child seem to relate to other children? Does he/she seek friendships or prefer to play alone?

\_\_\_\_\_

\_\_\_\_\_

Child is happiest with own age group \_\_\_\_\_ with younger children \_\_\_\_\_ with older children \_\_\_\_\_

To the best of your knowledge, does your child have any language, learning or physical disabilities? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

What is the best way to comfort/reassure your child? (ie high fives, verbal praise etc...) \_\_\_\_\_

\_\_\_\_\_

Is there any other information you would like us to know about your child? (ie allergies etc..)

\_\_\_\_\_