

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..)
