

Grace Lutheran Preschool
General Information Form

Child's Full name	Nickname	Date of Birth
Mother's name	Father's Name	
Church affiliation/membership	Home Phone Number	

Please answer the following:

- Has your child had any previous preschool experience? If yes, specify. (Examples: play groups, Sunday School, library story time, etc...)
- Does your child have any specific fears? (Examples: masks, insects, animals, loud noises, storms, darkness, etc....)
- Is there any personal information about your child or your family that we should know about in order to make your child's preschool experience the best possible? (Examples: new baby, death in the family, issues with a family pet, recent separation/divorce, serious illness of a family member or friend, etc...)
- Does your child have any special interests? (Examples: music, art, dancing, sports, etc...)
- Would either parent (or guardian) be interested in volunteering in one of our classrooms? If yes, what days/times are you available?

- Would either parent (or guardian) or other family member like to share his/her interests/talents with your child's class/school? Please check all that apply and indicate person's name.

<input type="checkbox"/> Taking photos	<input type="checkbox"/> Telling stories/reading books
<input type="checkbox"/> Craft activities/art projects	<input type="checkbox"/> Cooking with children
<input type="checkbox"/> Gardening	<input type="checkbox"/> Music: playing/singing
<input type="checkbox"/> Share your occupation	<input type="checkbox"/> Share a hobby
<input type="checkbox"/> Outdoor work (playground maint.)	<input type="checkbox"/> Other: _____