

St. Andrew's Preschool

Registration Information

Child's Name: _____ Birthday: _____

Address: _____
(Street) (City) (State) (Zip code)

Email: _____ Home Phone: _____

Mother: _____ Work Phone: _____

Cell Phone: _____

Employer: _____ Occupation: _____

Father: _____ Work Phone: _____

Cell Phone: _____

Employer: _____ Occupation: _____

Child is living with: Both Parents Mother Father Other _____

Other Family Members in the Household:

Name & Relationship	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language Spoken At Home: _____

Emergency Contact Person: _____ Phone: _____

Have you read and do you understand the parent handbook? _____

How did you hear about us? _____

Medical Information

Child's Doctor: _____ Phone: _____

Serious or Chronic Illness: _____

Allergies: _____

Vision, Speech, Hearing Problems: _____

Is your child on medication? _____

Characteristic Behavior

What activities does your child enjoy? _____

Are there any fears or anxieties? _____

Are there any toileting difficulties? _____

What word (s) does your child use of urination/defecation? _____

What would you like your child to gain from preschool? _____

Optional Section

What hobbies would you be willing to share with the class? _____

Would you be willing to volunteer? _____ Days/Times? _____

Would you be willing to drive and/or transport other children on Field Trips? _____

Religious Preference and/or Name of Church your family attends:

Are you interested in information about St. Andrew's United Methodist Church? _____