



Light of Christ Preschool

School Year: _____

Class: _____

FAMILY INFORMATION

Child's Name: _____

Preferred Name: _____

Birthday: _____

Male/Female: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Mother's Name: _____

Father's Name: _____

Mother's Address (if different from above):

Father's Address (if different from above):

Mom's Phone: _____

Dad's Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Current Marital Status of Child's Parents: _____

Other Children in the Family	Age	Grade Level in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has there been a divorce, illness or death in the family which might affect your child? Yes ___ No ___

Please list any language, other than English, that is spoken in your home? _____

What is your child's ethnicity (*The IRS requires us to ask and keep this on record*)

African Indian or Alaska Native ___ Asian ___ Black or African American ___

Hispanic or Latino ___ Native Hawaiian or Other Pacific Islander ___ White ___

Two or More Races ___ Other (please specify) _____

CHURCH AFFILIATION

Are you currently a member of a church? Yes ___ No ___ Is the child baptized? Yes ___ No ___

Church Name/Address: _____

Pastor's Name: _____

How often does your family attend church: ___ regularly ___ often ___ seldom ___ rarely

How often does your child attend Sunday School: ___ regularly ___ often ___ seldom ___ rarely

HEALTH HISTORY

Does your child have any health problems the preschool staff should be aware of? _____

If yes, please provide more details: _____

Does your child have any allergies? Yes ___ No ___ If yes, please specify: _____

What is the reaction your child has to this allergen? _____

How is it treated? _____

Does your child need assistance in toileting? _____

List any behaviors that might affect your child in school: _____

Has your child been in preschool prior to now? Yes ___ No ___ How long? _____

Where? _____

What else would you like your child's teacher to know about your child? _____

GENERAL INFORMATION

How did you find out about Light of Christ Preschool? _____

What do you feel will be the advantage of your child attending a Christian preschool? _____

Please Remember:

You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education.

Parent's Signature: _____ Date: _____