



GRACE PRESCHOOL

Registration Form

\$50 registration fee required with application

Enrolled to attend: M-W-F a.m. T – Th a.m. M – F a. m. Starting Date _____
(Circle One) (4 yr old only) (3 yr old only) (4 yr old only)

Last Date _____

Child’s Name _____

Name to be called at school _____

Gender: M F Age _____ Date of birth _____ Place of birth _____

Home Address _____

City _____ Zip _____

Mother ____ Father ____ Stepmother ____ Stepfather ____ Guardian ____ Other _____

Name _____

Home Phone _____ Work Phone _____ Cell _____

Preferred phone Home Work Cell
(circle one)

Employer’s name _____ Occupation _____

Legal Guardian (if other than parent) _____ Phone _____

Primary Doctor’s Name _____ Phone _____

Address _____

In case of emergency, three persons to be contacted if parents cannot be reached.

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____



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Background Information

List other children in family

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Other members of household (other than parents)

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Are parents living together? _____

Religion _____ Church name _____

If child is adopted, age at adoption _____ Does child know _____

What language(s) is spoken at home, if other than English _____

Does your family eat together? _____ Is he/she a slow eater? _____

Does child spend time along with mother? _____ How? _____

Does child spend time along with father? _____ How? _____

Does your child watch TV? _____ How much time per day? _____

Favorite TV program _____

Does your child play video games? _____ How much time per day? _____

What is your child's favorite indoor activities? _____

What is your child's favorite outdoor activities? _____

Does he/she hear stories? _____ Told by whom? _____

Does he/she enjoy singing? _____ Does he/she enjoy music? _____

Does your child have any special fears that you are aware of? _____

Does child have any speech problems? _____ Explain _____



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Does child have any physical problems, health problems? _____

If yes please explain _____

Does child have any allergies? _____

If yes please explain _____

Does your child have any other problems we should be aware of? _____

If yes please explain _____

Has your child had any serious illnesses, operations, accidents, or hospital experiences? _____

If yes please explain _____

What method of behavior control is used in your home? _____

What is your child's usual reaction? _____

Is child friendly and cooperative? _____ with adults? _____ with children? _____

Does your child have their own room? _____ If not, shares with whom? _____

Is she/he a good sleeper? _____ Does she/he nap? _____

At what age did your child walk? _____ Talk? _____ Toilet trained? _____

Does your child need reminders to go to the toilet? _____

What terminology does your child use to notify you of a bathroom break? _____

Has your child had play group experience? _____ Where? _____

Describe the experience: _____

Is there anything specific you would like for your child to get out of preschool? _____

Parent Signature _____

Date _____