

Lafayette Christian Preschool
Record of a Young Child

In order to understand your child better, we are asking for the following information. It is for the teachers' use only.

Child's Name _____ Name to be used at school _____

Child's Birth Date: _____ Sex: Male ___ Female ___ Home Phone: _____

Address _____
Street City Zip

Mother's Name _____ Mother's Address, if different: _____

Place of Employment _____ Occupation _____

Work Phone: _____ Cell Phone: _____ Email: _____

Father's Name _____ Father's Address, if different: _____

Place of Employment _____ Occupation: _____

Work Phone _____ Cell Phone: _____ Email: _____

Any custody information we should know? _____ Joint Custody? _____

Name, address & phone # of child care provider, if applicable: _____

Has your child previously attended preschool? ___yes ___no If yes, where? _____

Was this a positive experience? ___yes ___no Is your child right- or left-handed? _____

School at which you expect your child to attend kindergarten: _____

Are there other children in the family? If so, please list names and ages: _____

Parent's church _____ Does your child attend a Bible class? _____

What are your child's special interests? _____

Does your child have any pets? (include names, please) _____

Does your child like to play with other children? _____ or alone? _____

Any special issues we should be aware of? _____

List any food or other allergies: _____

Does your child have any fears? _____

Which of the following behavior traits have you observed? (please circle): friendly, generous, ability to lead, sympathetic, cooperative, sulky, willingness to conform to requests, rebellious, curious, shy, dominating, other: _____

What would you like your child to gain from his/her preschool experience? _____

Parent Signature