

GRACE PRESCHOOL CHILD INFORMATION FORM

Child's Name _____ Home Church _____

Siblings and Ages _____

Email Address _____

Please list any group situation your child has participated in and how they reacted to the experience.

What are some of your child's most favorite activities?

What are some of your child's least favorite activities?

How would you describe your child?

What are your goals, expectations, or hopes for the preschool year?

Is there anything else you want us to know about your child?

Other comments: