GRACE PRESCHOOL

CHILD INFORMATION FORM

Help us get to know your child a little better!

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings and Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any group situations 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 this preschool year?

Is there anything else you’d like us to know about your child?