

# Grace Church Preschool Registration Form

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**Program that you are registering your child for:**

3 day a week A.M. 3-5 year old class \_\_\_\_\_ 4 day a week A.M. 3-5 year old class \_\_\_\_\_

**Family Information:**

Child's Name: \_\_\_\_\_ Name to be used at school \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone#: \_\_\_\_\_ Emergency#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Father's Address: \_\_\_\_\_

E-mail Address most often checked: \_\_\_\_\_

Current marital status of child's parents: \_\_\_\_\_

Other Children in Family	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Church Affiliation:**

Are you currently a member of a church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Church Name \_\_\_\_\_

Does your child attend Sunday School programs? \_\_\_\_\_

**Helpful Questions:**

1. What language is spoken in your home? \_\_\_\_\_
2. Does your child have any health problems we should be aware of? \_\_\_\_\_
3. Does your child have any food allergies? \_\_\_\_\_
4. With whom does your child play? \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Alone \_\_\_\_\_ Older children  
\_\_\_\_\_ Younger children \_\_\_\_\_ Children of the same age

5. Check any characteristics that apply to your child

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cries easily    | <input type="checkbox"/> Temper tantrums       | <input type="checkbox"/> Fearful in new situations |
| <input type="checkbox"/> Destructive     | <input type="checkbox"/> Sleeping problems     | <input type="checkbox"/> Whines                    |
| <input type="checkbox"/> Easily angered  | <input type="checkbox"/> Sucks thumb           | <input type="checkbox"/> Doesn't like to share     |
| <input type="checkbox"/> Problems eating | <input type="checkbox"/> Other (explain) _____ |  |

6. Can your child take care of his/her toilet needs? \_\_\_\_\_  
(children must be toilet trained and **out** of pull ups to enter school)

7. Has your child attended preschool?  Yes  No Where? \_\_\_\_\_ How long? \_\_\_\_\_

8. What do you expect your child to acquire through the preschool program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What else would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. When is the best time to call or meet with you? \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_