

**WEEKDAY EDUCATIONAL PROGRAM
 GRACE UNITED METHODIST CHURCH
 1209 COUNTRY CLUB ROAD
 NEWPORT NEWS, VIRGINIA 23606
 (757) 595-0032
 PRESCHOOL STUDENT INFORMATION FORM**

_____ Date

Child's Name _____ Name Used _____

Date of Birth _____ Home Telephone _____

Address _____ City _____ State _____ Zip Code _____

PARENT INFORMATION

| Father Age _____ | Mother Age _____ |
|-------------------------|-------------------------|
| Name | Maiden Name |
| Occupation | Occupation |
| Business Telephone | Business Telephone |
| Cell Telephone | Cell Telephone |
| Education and Degree | Education and Degree |
| Church Affiliation | Church Affiliation |

Marital Status: Married Separated Divorced

SIBLING INFORMATION

| Name | Birth Date | Sex | School Attending | Grade |
|------|------------|-----|------------------|-------|
| | | | | |
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| | | | | |

Please list other persons living in the home. _____

STUDENT INFORMATION

Does he/she attend Sunday School? Yes _____ No _____

What other Preschools has he/she attended? _____
 # days attended weekly _____

What do you expect your child to get out of the preschool experience? _____

Please list any special classes your child has taken - i.e. speech therapy, etc. _____

How would you categorize your child's speech enunciation? Understandable _____ Distinct _____
Words and signs used: _____

Has he/she ever been away from parents? Yes _____ No _____ If yes, for how long? _____

Is your child potty-trained? Yes _____ No _____
If no, are you willing to work with the teachers to emphasize training? Yes _____ No _____

Which items are he/she permitted to use at home? Scissors _____ Crayons _____
Paints _____ Paste _____

Does your child have any known allergies? If so, please explain.

Please describe any problem areas you are having with your child. _____

What points are most often issues between parent and child? _____

What types of control are most frequently used? _____

COORDINATION DEVELOPMENT

Shows muscular coordination in play: Yes _____ No _____ Falls easily: Yes _____ No _____

Hand Preference: Right _____ Left _____

Additional comments: _____

Wears corrective shoes: Yes _____ No _____

We ask the above questions to aid us in getting to know your child. All questions have a bearing on his/her school life. However, if any questions seem offensive in any way, please feel free to eliminate such information.

Realizing that all due precautions will be taken at all times, I hereby release Weekday Educational Program, and/or Grace United Methodist Church and their employees from any liability for any harm to my child caused by an accident while attending Preschool and/or in route to and from the Preschool.

Signed _____
Parent or Guardian

Date _____