

wheaton bible  
**preschool**  
**STUDENT INFORMATION FORM**

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on September 1st of the school year registering for: \_\_\_\_\_

What does your child like to be called? \_\_\_\_\_ Gender \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents or Guardians Names: \_\_\_\_\_

Parents or Guardians Marital Status: \_\_\_\_\_

Primary Contact Phone # \_\_\_\_\_

Cell Phone/Mother or Guardian: \_\_\_\_\_

Cell Phone/Father or Guardian: \_\_\_\_\_

Address of Mother or Father, if different from child: \_\_\_\_\_

E-mail address for school communication: \_\_\_\_\_

Optional: 2nd e-mail address for school communication \_\_\_\_\_

Father's or Guardian's Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Working Hours \_\_\_\_\_

Mother's or Guardian's Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_ Working Hours \_\_\_\_\_

Church Affiliation, if any: \_\_\_\_\_

Please list other children in the family—names and ages: \_\_\_\_\_

\_\_\_\_\_

Have any other family members attended WBC Preschool? \_\_\_\_\_

Language child speaks at home: \_\_\_\_\_

What other adults other than parents live in the child's home? \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

Is your child used to being separated from you? \_\_\_\_\_

Describe your child's attitude toward coming to preschool:

Eager \_\_\_\_\_ Reluctant \_\_\_\_\_ Frightened \_\_\_\_\_ Blasé \_\_\_\_\_

Has your child been to preschool before or had other group play experiences? (Please specify) \_\_\_\_\_

\_\_\_\_\_

(OVER)

Describe your child's reaction to discipline: \_\_\_\_\_

\_\_\_\_\_

Does your child have any health concerns? (Please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary restrictions or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the symptoms your child has during allergic reaction and list steps to be taken in case of emergency: \_\_\_\_\_

\_\_\_\_\_

Does your child indicate a hand preference?

Right \_\_\_\_\_ Left \_\_\_\_\_ Ambidextrous \_\_\_\_\_ Not sure \_\_\_\_\_

Does your child have any special fears? (Please specify) \_\_\_\_\_

\_\_\_\_\_

Are there any specific areas of development you are concerned about? \_\_\_\_\_

\_\_\_\_\_

What are your child's interests, activities, and hobbies? \_\_\_\_\_

\_\_\_\_\_

Is there any information or problems which you think the teachers should know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can we best serve you? \_\_\_\_\_

\_\_\_\_\_

Do you have any special skills, job training or hobbies you would like to share with the preschool?

\_\_\_\_\_

How did you hear about Wheaton Bible Church Preschool? Friend or Family \_\_\_\_\_ Internet \_\_\_\_\_

Outdoor Sign \_\_\_\_\_ Other, please specify \_\_\_\_\_

Circle your child's t-shirt size: 2T 3T 4T 5T 6T

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_