

ALL ABOUT YOUR CHILD

Form Completed by: _____ Date Form Completed _____

Basic Information

Child's Name:

(first) _____ (middle) _____ (last) _____

Child's nickname: _____

Date of Birth: _____

Sibling's Name	Age	living in the home?	
_____	_____	yes	no
_____	_____	yes	no
_____	_____	yes	no
_____	_____	yes	no

Names of others living in the home and relationship to the child:

Languages spoken in the home: _____

Help Us Get to Know Your Child

Favorite color _____

Favorite food _____

Security items _____

Favorite game _____

Most important family holidays and celebrations _____

My child enjoys (choose as many as apply)

___ coloring	___ painting	___ movies	___ other
___ being inside	___ being outside	___ singing	<i>describe:</i>
___ building	___ drawing	___ dolls	_____
___ vehicles	___ balls	___ reading	_____

Describe previous formal preschool or play-group experience

Describe any responsibilities that your child has at home

Describe the form of discipline that is most effective with your child

Describe your child's experience with church or faith activities_____

Describe your expectations for your child this year at preschool or kindergarten

Please check all that apply:

___I would be interested in belonging to a *Mountview Parent* group.

___I would be interested in belonging to a group of parents that could meet regularly to pray for the concerns of the preschool, its students, staff, and their families.

___ I know an organization or a person who would be willing to share pertinent knowledge or skills with the preschool classrooms. (Please describe and provide contact information.)_____

___I would be willing to present a 10 minute time of sharing about my job or hobby at some time during the school year. (Please name job or hobby)_____

___I would like to help the teacher with classroom needs throughout the school year.

___I would be willing to drive and transport children during occasional field trips (M-F; 8:30 - 11:30 a.m.)

Thank you!

Mountview Christian Preschool Staff

Parent's Name_____ Daytime Phone_____

Email address_____